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To be complete, an occupation return must state:

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage \ St. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Oth		
Gallstones	15 4 4000	Other contributory causes of importance:		
Gaustones	May 1,1923	Gastroenteritis	1 year	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis CFP 5 1936	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
RINEAU	2			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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Example I			Example II		
The principal cause of death and related causes of importance were as follows:  Anteriosclerosis		Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset	
Chronic interstitial ne		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	SFP 0	July 5,1927	Peritonitis	3 days ago	
-	BUNEAU V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
		الـــــا			

ADDITIONAL	SPACE	FOR	FURTHER	<b>STATEMENTS</b>	BY	PHYSICIAN
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# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEA	тн			920	
County Frede	rick			Registration Dist. No. 13	0
Village or City_PO			(1 20_yrs,mos	NEOINT OF ROCKS  St.,  f death occurred in a hospital or institution, give its NAME instead of street and au  sds. How long in U.S. if of foreign birth?  yrs.  mos	Ward
2. FULL NAME_M (a) Residence: No.			3	St., Ward.  If nonresident give city or town and S	State
PERSONAL AT	ND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	or or race hite		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  August 8th  (Month) (Day)	193 6 (Year)
5a. If married, widowed, or div HUSBANO of (or) WIFE of	orced			22. I HEREBY CERTIFY, That I attended d	1000
6. DATE OF BIRTH (month, da	ay, and year)	October	216.1855	Hast saw MET alive on thing 71, 1936	death Is said
7. AGE Years	Months	Oays	If LESS than	to have occurred on the date stated above, at 10:45 mP . M .	
80	9	22	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate of onset
8. Trade, profession, or pkind of work done SAWYER, BOOKKE 9. Industry or business work was done, as SAW MILL, BANK, 10. Date deceased last withis occupation (myear)	in which SILK MILL, etc	Spe oc:		Fulmonasy Entolisms Other Contributory Causes of Importance:	19'86
(State or country)	Penna				
13. NAME Ba	rthlome	Beall			
14. BIRTHPLACE (city or 1) (State or country)	lown)Pe	nna.		Name of operation Dete of What test confirmed diagnosis? Was there an at	
15. MAIOEN NAME Mary Eichelberger 16. BIRTHPLACE (city or town) (State or country)  Penna.			rger	23. if death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Oate of Injury  Where did Injury occur?	, 19
17. INFORMANT W. Scott Beall (Address) Poolesville, Md.			•	(Specify city or town, county and State Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR PlaceSt Pau	REMOVAL		/11/36,	Manner of injury	
19. UNOERTAKER MAR (Address) Fred	Etchis	on & Sor	1	24. Was disease or injury in any way related to occupation of deceased?	,
20. FILEO Guay 1.0	1936	Jonnot	1 Celler	(Signed Musel Co: 100)	M. D.

WITH UNFADING INK-THIS IS A PERMANENT IARGIN RESERVED FOR BINDING AGE should be mation should be carefully supplied. -WRITE PLAI

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

PHYSICIANS should state

stated EXACTLY.

properly classified.

CORD. Every item of infor-

of OCCUPA-

Exact statement

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SEP 3 100		0	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		0	

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B. of OCCUPA-

STATE OF MARYLAND	CERTIFICATE OF DEATH 8297
1. PLACE OF DEATH ,	942
County Frederick	Registration Dist. No. 135
Village or City near Wolfsville (1)	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Land Henry Bear	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (swrite the word)  Male  Manuel	21. DATE OF DEATH (Moghin) (Day) (Year)
5a. If married, widowed, or divorced	
HUSBAND OF BESSIE Wiola Blar	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Jan. 22. 1878	I lest saw, 19.3 (; death is said
7. AGE Years Month Days If LESS than	to heve becurred on the date stated above, et
58 6 25 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
SAWYER, BDDKKEEPER, etc	Deronary Thrombosi Date of onset and
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.	
SAW MILL, BANK, etc.	U
11. Total time (years) this occupation (month end) year)  12. Date deceased last worked at this occupation (month end) year) year)	
12. BIRTHPLACE (city or town) Wolfsville	Dthe Contributory Caures of importance: 1935
(State or country) Md.	
I 13. NAME Jumon Peter Bear	
13. NAME Simon Peter Bear  14. BIRTHPLACE (city or town) Wolfsville Md.	Name of operation
15. MAIDEN NAME Catherine Louise Marken	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Catherine Louise Marken  16. BIRTHPLACE (city or town) Wolfsville  (State or country) md.	Accident, suicide, or homicide?
17. INFORMANT Shy Bear Smithsburg	(Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, GREMATION, OR REMOVAL	Manner of injury
Place Letter Cem. Dun 2: Bate 8/25 1936	Neture of injury \$\( \)
19. UNDERTAKER Gladhill ba. (Address) Middledown Md.	24. Was disease or injury in any wey related to occupation of deceesed?  If so, specify
20. FILED Aug. 20, 1936 Charles L. Leatherman	(Signed) M. D. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CEDTICIOATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial mephritis-1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

V. S. No. 1

STATE OF	MARYLAN	ID-CERTIFICATE	OF	DEATH
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1. PLACE OF DEATH	
County Frederick	Registration Dist. No. 137
Village or City Leberty form	NoSt., Ward
Length of residence in city of town where death occorred.	(If death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME & aura duertia	Nowers
(a) Residence: Np. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOW OR DIVORCED (write the wo	
5a. If married, widowed, or divorced HUSBAND OF Chus. 24. 13 owns	22. A I HEREBY CERTIFY. That I attended deceased from Tell 28 10 3le to Cleup - 3 2 10 3le
6. DATE OF BIRTH (month, day, and year) Feb., 5, 1857 7. AGE Years Months Days If LESS to 1 day,mi	than to have occurred on the date stated above, at 19.30 m,  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, Houseup 1 SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years)	Careenoma of right Kidney Sift -
10. Date deceased last worked at this occupation month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  Same  14. Total time (years) spant in this occupation  Spant in this occupation  Spant in this occupation  State or country  Lighter	7 Other Contributory Causes of Importance:  Intestinal Obstruction July-2
14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIOEN NAME Mary a Musbaum  16. BIRTHPLACE (city or town) Md  (State or country)  17. INFORMANT & Edwin Bowers  (Address) & Ardeneis RA, #1	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR READVAL Place Union Chapel Oate aug 5, 19	Manner of Injury
19. UNDERTAKER Pospill & albaugh (Address) Xbrigrown)	24. Was disease or injury in any way related to occupation of deceased? 766  If so, specify 73 Afrono
20. FILEO Carg S , 1935 2 . Curf man	of ilosof = Loson) m.

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Example I.	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
~ · · · · · · · · · · · · · · · · · · ·	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:	1 year

ADDITIONAL SPACE FOR FURTHER STA	TEMENTS BY	PHYSICIAN
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V. S. No. 1

C.	FATE	OF	MARYL	VND-	CEDTI	FICA	TE	OF	DEVI	L
<b>J</b>	ALL	OF	MAKIL	AIND.	CLIVII	IIUA			DLAI	ш

(	1)	15	9
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13	-	8	W

1. PLACE OF DEATH  County Frederick	Registration Dist. No. 139
Village or City State Sanatorium, Marylan  (If  Length of residence in city or town where deeth occurred yrs. mos.  2. FULL NAME Washington Booth Bowie	death occurred in a horpital or institution, give its NAME instead of street and number)
(a) Residence: No. Mitchellville, Prince G (Usual place of abode)	eogge Coward. Md.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)   Married	21. DATE OF DEATH August 5, 1936. (Month) (Day) (Yaer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary W. Bowie	July 27, 1936 to August 5, 1936
6. DATE OF BIRTH (month, day, and year)  7. AGE  Yaars  Months  Days  If LESS than  1 day, hrs.  or min.  Trede, profession, or perticular kind of work done, as SPINNER, armer  SAWYER, BDDKKEPPER, etc.  Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month-and companies)  Trede, profession, or perticular kind of work done, as SPINNER, armer  1. Total time (years) spent in this 4.5	i last saw h alive on August 5, 136; death is said to have occurred on the date stated above, et
year) June 1930 occupation 45 yr  12. BIRTHPLACE (city or town) Maryland (State or country)	Other Coutributory Causes of Importanca:
13. NAME Oden Bowie 14. BIRTHPLACE (city or town) Maryland	
14. BIRTHPLACE (city or town) Maryland	Name of operation
(State or country)	What tast confirmed diagnosis? Chest x-raywes there an autopsy? No.
15. MAIDEN NAME Alice Carter  16. BIRTHPLACE (city or town) Maryland (State or country)  17. INFDRMANT Mary W. Bowie (Addrass) Mitchellville, Md.	23. If death was due to external causes (VIDL ENCE) fill in also tha following:  Accidant, suicide, or homicide?
18. BURIAL, OFFMATION OR FEMOVING tenell— Place VIII E FILICE Date VALCOUNTS	Menner of Injury
19. UNDERTAKER M. L. Creager (Addrass) Thurmone, 19.	24. Wes disaasa or injury in any way related to occupation of daceesed? NO  If so, specify 17  (Signed) Clewart S. Straffer M. D.  (Addrass) Late Lanatolium M.O.

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6 1 11 1 1 1 1	
eause of death and related causes were as follows:  1 wee	of onset
	week ago
	days ago
ory causes of importance:	1 year
_	

FOR BINDING

TION is very important.

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 08739
1. PLACE OF DEATH	
County Frederich	Registration Dist. No. 144
Village or City Ur Sharmond (II	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town whara daath occurredyrsmos	ds. How long in U.S. if of foreign birth?dsds.
2. FULL NAME Still born infant-	Brown
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH  prorto (Month) (Pay) (Yaar)
5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attanded dacaased from
6. DATE OF BIRTH (month, day, and year) Lucy 17 1936	I last saw h Aliyon A 19 daath is said
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at
O I day, - J-hrs. or - G -min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	don't - than Mars
9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	Hay dro cephalians
10. Date decaased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation	Abrino Spinal burn
12. BIRTHPLACE (city or town) 21 Thurward July (State or country)	Other Centributery Causes of Importance:
13. NAME Paul & Brown	
14. BIRTHPLACE (city or town) The share for Co (Stata or country)	Name of operation Date of Date
15. MAIDEN NAME Pelva Plush June 4	What test confirmed diagnosis?
16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide?
(State or country)	(Specify city or town, county and State)
17. INFORMANT and Alloward Ma	Spacify whather injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place /tr. / Murmonu Date 0 / 7 9 19 36	Natura of injury
19. UNDERTAKER (aul M. Brown (atter)	24. Was disease or injury In any way ralated to occupation of deceased?
20. FILED 8/17 19 36 Grana M. Jones	(Signad) Morris M. D. M. D.
Registrar.	(Addrass) Thursman the

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Examp	man t t t l to t		Example II	
The principal cause of death ar of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	ED 2 1936	1915	Attack of emilepsy	1 week ago
Chronic interstitial nephritis	., ., .	1921	Run over by street car	1 week ago
Cerebral hemorrhage	READ	July 5,1927	Peritonitis	3 days ago
	and a substitute of a first finding description of the substitute			
Other contributory causes of in	nportance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		11		

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHY	IYSICIAN
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ortance:

1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County Frederica Within the Corpora	Registration Dist. Not.
Village Dr City Medericles (II	ND. A sederal Color Market Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurredyrs,mos	+ ds. How long In U.S. if of foreign birth?wrsmosds.
2. FULL NAME 1 Dakes Buffunton	Uru S Veteran, specify WAR Mane
(a) Residence: No. R. F. D. I. A. T. Dopulle.	hist, ward of
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
OR DIVORCED (rupite the word)	(1119 2 1 193 6
5a. If married, widowad, or divorcad	(Nonth) (Day) (Year)
HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, Thet I attended decassed from
0 . 01 1921	dead 1936, to aug 2 1, 1936
6. DATE OF BIRTH (month, day, and year) (May 21, 1720	I last saw harmon 1956 death is said
7. AGE Yaars Months Deys If LESS than 1 day,hrs.	to have occurred on the date stated above, at
	were as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER,	Dead in Well
SAWYER, BODKKEEPER, etc. 9, Industry or business in which	6nro Fret
work was dona, as SILK MILL, SAW MILL, BANK, etc.	0,,,,
10. Date dacaasad last worked at this occupetion (month end spent in this	
m. D	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town). (State or country)	n n
	Alderia Viera:
E government	
14. BIRTHPLACE (city or town) (State or country)	Name of operation. MANQ
	What tast confirmed diagnosis? Was there an autopsy? The
16. BIRTHPLACE (city or town).	23/If death was due to external causes (VIOLENCE) fill In also tha following:
16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT INS SUPER	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury
Place Marillul Date Urg 1193	Neture of injury
19. UNDERTAKER M. P. Stetner & San State &	24. Was disease or injury in any way related to occupation of deceesad? Two.
or la st small	(Signed) EP Thouse M.D.
20, FILED 2 2 Ulig 1950 X J Cleed Registrar.	(Address) Pagail III
V. / Agistrar,	(nouross)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 5 1936	1921	Run over by street car	1 week ago
Cereoral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis SFP 5 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH 8302
1. PLACE OF DEATH	GIFE)
County Frederick within the Corn	Registration Dist. No.
Village or City Frederick	No. 338 E Church St. Ward
	Ideath occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos	ds. How long in U.S. If of foreign birth? yrs. mos. ds.
2. FULL NAME George E Castl	C. Olf U. S. Veteran, specify WAR NONE
(a) Residence: No. 338 E. Church	St., Ward. Frederick Md  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day
5a. If married, widowed, or divorced HUSBAND of (or) WIFE-of MyTtle M. Castle	22. I HEREBY GEN IF You That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Feb-17, 1878	I last saw h
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred in the date stated above, at 1.1.1.2 m.
38 6 2 ormin.	The PRINCIPAL CAUSE OF DEATH and related cluses of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and control of this occupation).	Coronary Ochrian 8/19
12. BIRTHPLACE (city or town) Myersville, (State or country) Fred'K Co Md	Other Contributory Canses of Importance:
13. NAME JOSEPH E Castle	
13. NAME Joseph E Castle  14. BIRTHPLACE (city or town) (State or country)  Fred'K. Co. Md	Name of operation Date of What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Manzella Branden burg	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Manzella Brandenburg 16. BIRTHPLACE (city or town) (State or country)  Fred K. Co. Md	Accident, suicide, or homicide? Date of Injury, 19 Where did injury occur?
17. INFORMANT Myrtle M. Castle (Address) Frederick NI	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Middle to mm. Place The file metery. Date dug 22, 1936	Manner of injury
19. UNDERTAKER Gladhill Go. (Address) Midaletom Mo	24. Was disease or injury in any may resided to occupation of deceased?
20. FILED 2- aug, 1936 AM Cuck, Registrar.	(Signed) M. D. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1	1	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	10	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Comback how and a servicities SEP 5 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage   SEP 3 1930	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	1

(Address)

Registrar.

If more blanks are needed, andress State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Year)

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S. No. 1

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
TRANSPORT V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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PHYSIGIANS Exact properly JO. may should 08 See in plain carefully DEATH should OF CAUSE TION

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Length of residence in city or town where death occurred (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) chiel 5a. If married, widowed, or divorced HUSBAND of 22. (or) WIFE of 6. DATE OF BIRTH (month, dev. and year)-7. AGE If LESS than Months Days 1 day....hrs. or .... min. HARA 8. Trada, profession, or particuler OCCUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc .... 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc ..... 10. Date deceased last worked at 11. Totel time (vaars) this occupation (month end spent in this occupation .... 12. BIRTHPLACE (city or town) (State or country) FATHER 14. BIRTHPLACE (city or town) 41142 (State or country) MOTHER 15. MAIDEN NAME 16. BIRTHPLACE (city or town) . Ill. Qual. (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKER (Address) Registrar.

Registration Dist. No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?\_\_ If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH I HEREBY CERTIFY. Thet I ettended deceased from to have occurred on the date stated above, et. The PRINCIPAL CAUSE OF DEATH end raleted causes of Importence Date of onset What test confirmed diegnosis?\_\_\_\_\_ Wes there en eutopsy?. 23. If death was due to external ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_\_\_ Dete of injury\_\_\_\_\_\_\_, 19. Where did Injury occur?\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury 24. Was dicease or injury in any way related to occupation of deceased? If so, specify

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUMEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH	ND—CERTIFICATE OF DEATH 8304
County Frederick	Registration Dist. No. 136
Village or City Near Urbana	
Length of residence in city or town where death occurred 15 yrs	No. Nr. Urbana St., Ward  (If death occurred in a hospital or institution, give its NAME instead of street and number)  mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Nettie Jenkins Digg (a) Residence: No. Nr. Urbana (Usual place of abode)	
PERSONAL AND STATISTICAL PARTICULAR	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID OR DIVORCED (write the married)	word) 193 6
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. R. Diggs	22. I HEREB CERTIFY, that I attanded daceased from
6. DATE OF BIRTH (month, day, and year) June 30, 1904	I last saw hand alive on The 25 , 1926; death is said
	S than to have occurred on the data stated above, at 10, 15 A.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, housework SAWYER, BOOKKEEPER, etc.	Cardir Renal Virtues
9. Industry or businass in which work was done, as SILK MILL, at home SAW MILL, BANK, etc  10. Data decessed last worked at this occupation (month and 8/1/36 yaar)  11. Total time (years) spent in this occupation	15 Chulester
12. BIRTHPLACE (city or town) Maryland (State or country)	Other Contributory Causes of importança:
🖺 13. NAME John Jenkins	
H 13. NAME John Jenkins  14. BIRTHPLACE (city or town) Maryland (State or country)	Name of operation Data of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Eliza Brown	23. If death was dua to external causes (VIOLENCE) fill In elso the following:
15. MAIDEN NAME Eliza Brown 16. BIRTHPLACE (city or town) Maryland (State or country)	Accident, suicide, or homicide?
17. INFORMANT Wm. R. Diggs. (Address) Frederick. Md. R. D.	(Specify city or town, county end State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  PlaceHope Hill, Md. Data Aug. 3.,	19_36. Manner of Injury
19. UNDERTAKER M. R. Etchison & Son (Address) Frederick, Md.	24. Was disease or injury in any wey related to occupation of deceased?
20. FILED Day 3 , 1936 G. O Andriches	(Signed) M.D. M.D. (Address) 5 W. Sauch St

CTATE OF MADVI AND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, ctc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	1	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SEP 5 1936			``
Other contributory causes of importance:	1.	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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of OCCUPA-

1. PLACE O	F DEATH			03 0		
County	Frederi	ck.		Registration Dist. No. 13	9	
Village or C	City State S	anatoriu	im, Md.	No. St., i death occurred in a horpital or institution, give its NAME instead of street at 18 ds. How long in U.S. if of foralgn blrth? yrs.	Ward	
	ME Bertil			- Jacob Land How long in 0.3.11 of ibrargh bifth:	_musus.	
				St., Ward.Baltimore, Marylan  If nonresident give city or town	d ,	
	AL AND STATIST			MEDICAL CERTIFICATE OF DEATH		
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single			D (write the word)	21. DATE OF DEATH  August 18  (Month) (Day)	, 193 <b>6</b> (Yeer)	
5a. If married, widow HUSBAND of (or) WIFE of	ved, or divorced  (month, day, and yaar)	27		22. I HEREBY CERTIFY, That I attend April 30 ,19 36, to Aug.	18, 1936	
7. AGE Yes	Months 19 9	Days 12	or 6 1916  If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at 1.30 Pm. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
9. Industry or work wes	ssion, or particular work dona, as SPINNER, , BOOKKEEPER, etc business in which s dona, as SILK MILL, LL, BANK, etc ed last worked at pation (month and	Clerk    11. Total ti sper	ma (years) nt in this 2Yrs	Pulmonary Tuberculosis  Other Contributory Causes of importance:	Jan. 1936	
12. BIRTHPLACE (city or town) Milwaukee (State or country) Wis.  13. NAME Emil Edlund				Tuberculous Laryngitis		
14. BIRTHPLACE	(city or town)	Sweden.		Name of operation	n autopsy? n.O.	
15. MAIDEN NAME Gustine Soderstrom  16. BIRTHPLACE (city or town) (Stata or country) Sweden				23. If daath wes due to external causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?		
17. INFORMANT (Address)	Baltimor		llund	(Specify city or town, county and S Spacify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC	State) PLACE,	
18. BURIAL, CREMAT	lto. Md.	Date Unkn	10WN ,19	Menner of Injury		
19. UNDERTAKER (Addiss) 20. FILED	M.L.Crea Thurmont	ged	Registrar.	24. Wes disease or injury in any way releted to occupation of deceased?  If so, specify A to A t		

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.-The month and year the deceased last worked at the occupation.

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Example I	1	Example II	
The principal cause of death and related courses of importance were as follows:  Arteriosclerosis  CEIVEU	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis AUG 24 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage AUG 24 1930	July 5,1927	Peritonitis	3 days ago
WUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE F	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF I	DEATH
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1	L PLAC	CE OF DEA	TH				
	Coun	ty	Fre	derick,		Registration Dist. No. 13	59
		ge Dr City			° (If	death occurred in a hospital or institution, give its NAME instead of street and  10 ds. How long in U.S. If of foreign birth? yrs. m	ward number)
:	2. FULL	NAME	August	W. Eng	bersen		
	(a) R	Residence: No	1029	Somerse (Usual place	t St.	St., Ward. Baltimore, Maryland If nonresident give city or town and	State
400000				ICAL PARTI		MEDICAL CERTIFICATE OF DEATH	
1	sex (ale	I.	hite	OR DIVORCE	RIED, WIDOWED, D (write the word) ried	21. DATE OF DEATH  August 12  (Month) (Day)	, 193_6 (Year)
5a.	HUSBAN (or) WIF	l, widowad, or divo ID of E of	Mary	Engber		22. I HEREBY CERTIFY, That I attended Dec. 2 ,1935, to Aug. 12	, 19_36
_	DATE OF I	BIRTH (month, da Years 51	y, and yaar) F Months	ebruary Days 7	5 1885  If LESS than 1 day,hrs.  ormin.	to have occurred on the date stated abova, at 4.55. An. M.  The PRINCIPAL CAUSE OF DEATH and ralated causas of importance were as follows:	_; death is said
_	9. Indus S 1D. Date th	a, profession, or print of work done, AWYER, BODKKEE stry or business if ork was done, as AW MILL, BANK, deceased last won is occupation (and aar)  ACE (city or town) or country)	as SPINNER, EPER, atc n which SILK MILL, etc rked at	Plumbe:	r. ime (yaars) nt in this 8 Yrs .	Pulmonary Tuberculosis Other Contributory Causes of Importance:	Dec
FATHER			own)	Engbers Ohio	en	Name of operation	-
_		EN NAME		Hulman		What test confirmed diagnoses OBL-X-Ray- Was thara an 23. If death was due to external causes (VIOL ENCE) fill In also the following	
	INFDRMAI	HPLACE (city or to State or country)  NTA  ess)  CREMATION, OR F	ugust W	Ohio Engbere, Md.	rsen	Accidant, suicide, or homicide? Date of Injury  Whare did Injury occur?(Specify city or town, county and Sta  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	te) ACE,
19	Place. UNDERTA	Balto.			nown , 19	Natura of injury  Natura of injury  24. Was disease or injury in any way related to occupation of dacaased?  If so, spacify  (Signad)	
20.	FILED.	21-1	1946-1-1		Registrar.	(Address) State Sanatorulan	~ md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid-conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstituat nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Y, WITH UNFADING INK-THIS IS A PERMANENT IN ARGIN RESERVED mation should be carefully supplied. AGE should be

-WRITE P

V. S. No. 1 N. B.- CAUSE OF DEATH in plain terms, so that it may be

STATE OF MARYLAND—	CERTIFICATE OF DEATH US742
County Treducide The Occasion	Minutes 3
Village or City Frehmer	11 A. A ' C & AI PIN
(If	death occurred in a hospital or institution, saye its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	dy long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Duly The Res	THUS Veteran, specify WAR LV O
(a) Residence: No. The Plansack	St., Word Mi Pleasur
PERSONAL AND STATISTICAL PARTICULARS	J. If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE OR DIVORCED ("unite the word)	21. DATE OF DEATH Query, 2-3 193 L
5a. If married widowed or divorced	(Mount) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
2300. 102/	1936, to The 3 1936
6. DATE OF BIRTH (month, day, and year) 2 3 Cuy 1986 7. AGE Years   Months   Deys   If LESS then	to have occurred on the data steted shove, at 19.26; death is sell to have occurred on the data steted shove, at 19.26; m. 6, 30 A . M
) / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	The PRINCIPAL CAUSE OF DEATH and raletad causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	July 20m
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	1
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Dete dacaased last workad at this occupation (month and spent in this	
year) occupetion	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Endluch Caty Hospital	apparent dead for Several
(State or country)	And In to dol
13. NAME Harry & Eyler	occupy and a contract
14. BIRTHPLACE (city or town) (Stete or country)	Name of operation. 2001 Q Deta of
	What tast confirmed diagnosis? Was there en autopsy?
	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
17. INFORMANT Sarry & Soften (Address) Ford. V	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Clutter Clutter Mig 3, 193	Neture of injury
19. UNDERTAKER Prival & Albaugh (Address) Liberty Swift My	24. Wes diseasa or injury in any way releted to occupation of dacaasad?
20. FILED 23 - ang, 1936 DM Coundy Registrar.	(Signed) El Thouse (Address) predouct with
If more blanks are needed, address State Registrat,	2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

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Cerebral hemorrhage BUPFAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
7.5			20.500000

Other contributory causes of importance:

Gallstones

May 1,1923

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. if of foreign blrth?\_\_\_\_\_yrs. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Day) CERTIFY. That I ettended deceased from The PRINCIPAL CAUSE OF DEATH and related causes of importance Oate of onset MOTHER or If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur?\_\_ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Menner of injury Neture of Injury. 24. Was disease or injury in any way related to occupation of deceased? If so, specify Registrar.

carefully Ë OF DEATH pe pluods WRITE CAUSE nation LION

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	i i	Example II	
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTH	R STATEMENTS BY PHYSICIAN
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V. S. No. 1

# PHYSICIANS should state Exact statement of OCCUPA. 3. properly classified. 5 TION is very important. See instructions on back of certificate. 7 OCCUPATION be 1 MOTHER | FATHER

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u>(31)</u>
County Frederick	Registration Dist. No. 130
Village or City Near Buckeystown	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidance in city or town where deeth occurredZO_yrs,mos.	death occurred in a norphat of insultation, give its INAIVIE instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME - George Henry Fry	If U. S. Veteran, specify WAR NONE
	St., Ward. Nr. Buckeystown  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Male White Married	21. DATE OF DEATH  August 22, 193.6.  (Month) (Oav) (Yaar)
e. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret O. Massburg	22. I HEREBY CERTIFY. Thet I attanded daceased from 18 1936, to duff 22 1936
DATE OF BIRTH (month, flay, and year) October 26 4862	I lest saw h. I At elive on aug. 22 1, 19 36; death is said
. AGE Yaars Months Deys If LESS than 1 deyhrs.	to have occurred on the dete stated above, etm.
73 9 27 ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance ware as follows:  Oate of onset
Trede, profassion, or perticular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. Farmer	Canolinal Ralmanhael State
9. Industry or business in which work was done, as SILK MILL, Gleenal January SAW MILL, BANK, etc.	1/2 mia 8/19/34
	Chronic nephritis Swestin not stated cursos
10. Date dacaasad last worked et this occupation (month and year) 11. Total time (years) spent in this occupation 50	- Physician was unable to collect as specimen of
	Other Contributory Causes of importance: 1 wine 5 for examinations.  as this-seleratio, hypotherical 4-35
2. BIRTHPLACE (city or town)  (State or country) Virginia	heart disease
13. NAME Joshua C. Fry	1
14. BIRTHPLACE (city or town)	Name of operation
(State or country) Virginia	What test confirmed diagnosis? Was there an eutopsy?
15. MAIOEN NAME Maria Stout	23. If daath was due to externel causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) Virginia	Where did Injury occur?
7. INFORMANT MO G. H. Fry (Addressy) 34 Chorns to make	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL BOSTULINO 1, CO., Place Detc. 8-/25/36-, 19	Menner of Injury
9. UNDERTAKER M.R.Etchison & Son (Addrass) Frederick Md.	24. Wes disease or injury in any way releted to occupation of deceesed?
10. FILED Real 25, 19 & C Jury Weller	(Signed) Charlett, Grelly M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deccased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis SEP 3 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. 3	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH .	93-00
County Tredench	Registration Dist. No.
	vilano. St., Wa f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	sds. How long th U.S. if of foreign birth?yrsmos
(a) Residence: No. 70. Levis town (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Aug. 13 193 6
. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBANO OF Jalu Farmon	22. I HEREBY CERTIFY, That I attended deceased for the standard of the standar
DATE OF BIRTH (month, day, and year) Time 1= 1905	I last saw here alive on 136.19.36; death is
AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, at # 150, m.
3/ 2 /2   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	12 t 2 - 1 + 0 0
9. Industry or business in which work was done, as SILK MILL, Saw MILL, BANK, etc.	met my cardin
10. Date deceased last worked at this occupation (month and spent in this	following child front
year)	Other Contributory Causes of Paportance:
BIRTHPLACE (city or town) Shouthalan (State or country)	
13. NAME Cahas. Kling	:
14. BIRTHPLACE (city or town) Frederich Carly (State or country)	Name of operation Date of
15. MAIDEN NAME Lota/ Mino	What test confirmed diagnosis? Was there an autopsy?
Landa L. P. T	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Many land (State or country) Many land	Accident, suicide, or homlcide?
(Address) Levelin	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL Place Doube Cemeley Oate Ceng 15, 1936	Manner of Injury
UNDERTAKER Hany & Carly Go	24. Was disease or injury In any way related to occupation of deceased?
FILEO) A- dry, 1936 and In he (make	If so, specify (Signed)
Registrar.	(Address) much she

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I	1	Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	SEP 5 1096	1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
C	100				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH	I LAND	CERTIFICATE OF DEATH	516
County Frederice	0.	(2.2)	31
- M. A.	10-	Registration Dist. No.	×l
Village or City		death occurred in a happital or institution, give its NAME instead of street and numb	Wa ber)
Length of residence in city of fown where death occurred	yrsmos	ds. Howong In U.S. if of foreign birth?yrsmos	
2. FULL NAME Cawen & (a) Residence: No. Cammists	Cara K	Ist., Ward. Committating R. F.	AZ
PERSONAL AND STATISTICAL PART		MEDICAL CERTIFICATE OF DEATH	e
	RIED, WIDOWED,	21. DATE OF DEATH	
OR DIVORCE	D (write the word)	aug. 5	26
a. If married, widowed, or divorced	rale ~	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of	0	22 I HEREBY CERTIFY. That I attended dece-	agend fr
(OI) WIFE OF		aug. 4 1936 to aug 5	10.3
DATE OF BIRTH (month, day, and year)	1990	0. 5-1 21	eath is s
AGE Years Months Days	If LESS than	to have occurred on the data stated above. at 2 0 m.	atii 15 \$
914 9 27	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
100 0 2	ormin.	ware se follows:	te ol one
8. Trade, profession, or particular kind of work dona, as SPINNER,	1		6.3
SAWYER, BOOKKEEPER, etc.	fory.	Juanus	
kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc			
10. Date deceased last worked at 11. Total t	ime (yaars)		
Spe	nt in this 3-45		
, , , , , , , , , , , , , , , , , , ,	rpetroll SW VS_L	Other Contributory Causes of importanca:	
2. BIRTHPLACE (city or town)			
(State or country)		splent on for	
14. BIRTHPLACE (city of town)			
14. BIRTHPLACE (city or town)		Name of operation X Data of	
(State or country)		1-4-	
15. MAIDEN NAME Emmas Vesta	I lame		sy! l.
- Vitario, Via	1 A WOUL	23. If death was due to external courses (VIOLENCE) fill in also the following:	27-
16. BIRTHPLACE (city or town)  (Stata or country)  16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? It the bate of injury Author	, 190
M' CIII	mi p	Where did injury occur? Muse - Crustal Growth of Specify whether injury and State)	Zask.
INFORMANT//you udels ver ges,	mycleva	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) fredericky M	cd.	The state of the s	L
BURIAL, CREMATION, OR REMOVAL CONSIDER OF	11 7 70	Manner of injury	
Place Date	1 7 ,1936	Nature of injury Same   A	
UNDERTAKER MITT Shall	>	24. Was disease or injury in any way related to occupation of deceased?	0
(Addiess)	0	if so, specify	
San Data P	4	(Signed) Amuk	
0. FILED 5-any, 136 Aff 1/2 Com	Registrar.	9.	T.M.
		(Address)	116

CEDTIFICATE OF DEATH

CTATE OF MADVI AND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: -of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroen teritis 1 year

ADDITIONAL SPACE FOR FURTHER ST.	TATEMENTS BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MANUAL V. S.			
Other contributory causes of importance:	- mivi	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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* \$ ÷	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA.	1. PLACE OF DEATH	12!
CHC	County Heldench	Registration Dist. No.
= =	Village or City Frederick	No. Com Emergency Acopheliswar
E SO E	Length of residence in city or town where death occurred yes.	f death occurred in a hospital finstitution, give it NAME Patead of street and number)  ds. How long In U.S. if of foralgn birth?yrs
ANS nent	2. FULL NAME Marie Elizabeth For	The least
PHYSICIANS	(a) Residence: No. 634 Klinehails alley	The state is
	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PH Kact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
LY.	7. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH Quy 24, 1936 (Month) (Day) (Year)
BINDING FRMANEN E X A C T L y classified.	5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
A Ska	6 5 1010	Coding 2 1, 1936, 10 long 24, 1986
BPE FE E E ate.	6. DATE OF BIRTH (month, day, and year) AM - Y - 1919 7. AGE Yaars Months Days If LESS than	I last saw har aliva on Que 1936; death is sai
FOR BI IS A PE stated E properly	17 7 1 day,hrs.	to have occurred on the date stated above, etm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
F(	8. Trade, profession, or particular	ware es follows:
THIS ay be ay be ck of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Rt lung aboles 1 2-16
cka di T	9. Industry or business in which work was done, as SILK MILL, MANE SAW MILL, BANK, etc	J.C
INK INK Sh t it	10. Dete deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
Z 49	Manual O	Other Contributory Causes of Importenca:
IN NDI de.	12. BIRTHPLACE (city or town)  (Stata or country)	0)
IARGIN UNFADI supplied. n terms, so ee instruct	II 13. NAME Joseph D. Gornes.	Survey (12
Dis	13. NAME JOSEPH D. Jornes.  14. BIRTHPLACE (city or town) Mayland.	Neme of oparation.
- · · · ·	(Stata of country)	What lest confirmed diagnosis? Wes there an autopsy
WIT efull in pl	15. MAIDEN NAME Farmy 6. Johnson.	23. If death wes due to external causes (VIOLENCE) fill In also the following:
ILEX, WITH be carefully EATH in pla		Accident, suicide, or homicide? Date of Injury, 19
be EAT imp	(State or couplry)	Where did Injury occur? (Specify city or town, county and State)
PLAI hould OF DE	17. INFORMANT Audiench wd	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
F-7 (0)	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
ITE on SE SE N is	Placa Francew Cen. Date ang 27, 1936	Nature of Injury
-WRITE mation sl	19. UNDERTAKER Comad Juneal Home	24. Wes disaase or Injury in any way related to occupation of deceased? 250
B. B.	(Addrass) Frederick medy	If so, spacify
i (1)	20. FILED 5 Clug 136 MIN County	(Signad)
*	Registrar.	(Address) The deruh his
	a, more viantes are necueu, augress Mate Kegistrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example II		
of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	11600 2010	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	1	1921	Run over by street car	1 week ago
Cerebral hemorrhage	3EP 3 1500	July 5, 1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	eauses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

## STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH		2.3	
County Fred	erick,	Registration Dist. No. 13	9
Village or CityState	e death occurred vrs	No. St.,	Ward number)
2. FULL NAME Heler			
		ore SCo. Ward. Maryland by If nonresident give city or town a	3 C
PERSONAL AND STATIS		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Female White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH August (Month) (Day)	, 193 3 6 (Year)
5a. If married, widowed, or divorced	rence J. Green	22. I HEREBY CERTIFY, That I attend.	
(d) WIFE OF CIAI	ence o. Green	July 27 136 to Aug. 1	
6. DATE OF BIRTH (month, day, and year)	Jan. 24 1886	I last saw h_Qr_ elive on Aug. 1 ,19 3	6; deeth is said
7. AGE Years Months	Days If LESS than 1 day,h	to have occurred on the date stated above, at 5.50. Rm. M.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Data of onset
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Housewife	Pulmonary Tuberculosis	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this yrs occupation 2 Yrs		
12. BIRTHPLACE (city or town)		Other Coatributory Causes of importance:	
(State or country)	Maryland	Tuberculous Laryngitis	
13. NAME Walte	er M. Sevier		
14. BIRTHPLACE (city or town)(State or country)	Maryland.	Neme of operation DONE POS Sputtemof What test confirmed diagnosichest X-Ray Was there a	n autopsy? 10.0.
0 16. BIRTHPLACE (city or town)	Marshall	23. If deeth was due to external ceuses (VIOLENCE) fill in elso the follow Accident, suicide, or homicide? Date of Injury	ing:
(otate of county)	Maryland.	Where did injury occur? (Specify city or town, county and S	tate)
17. INFORMANT Clarence (Address) Stemmers		Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Date Unknown 19	Manner of injury	
19. UNDERTAKER M. L. Cre (Addiess) Thurme		24. Was disease or injury in any way related to occupation of deceased?	
(Addiess) Thurmo	n Nr Inn	(Signed) Lewart & Shaffe	M. D

5.50 R.M. ated causes of Importance Data of onset ulosis -Pos-Sputumof----X-Ray... Was there an autopsy? no... ENCE) fill in elso the following: fy city or town, county and State)
RY, in HOME, or in PUBLIC PLACE. (Address) Lale Dana

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

IARGIN RESERVED FOR BINDING

. . .

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1036	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis SET	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
		a .	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.-WRITE

V. S. No. 1

STATE OF	MARYLAND—CERTIFICATE OF DEATH	
SIAIL OF	MANILAND CENTILICATE OF DEATH	

(.	03	\$	1	8	
8	J	1	-	}	

00 0 . 0		(30)	137
County Frederick		Regis	tration Dist. No.
Village or City Mean Johnson	ille	No	St,W
Langth of residence in city or fown where death oc		f death occurred in a horpital or institution, give it	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ds. How long in U.S. if of foralgn b	irtn?yrsmos
2. FULL NAME Margaret	Backael I	rosmekle	
(a) Residence: No.		St., Ward.	
(1	Jsual place of abode)	If no	nresident give city or town and State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFI	CATE OF DEATH
	GLE, MARRIED, WIOOWED, DIVORCEO (write the word)	21. DATE OF DEATH	26 , 193 6 (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Harles & Chaer	Grosenickle		TIFY, That i attanded dacaased f
10	02 1801	111	
6. DATE OF BIRTH (month, dey, and year) July 7. AGE Years Months	30.10.01	i Just saw h. D. alive on	V:15
7. AGE Years Months	Days If LESS than 1 day,	to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and rela	
33 10 1	min.	ware as follows:	Date of on
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	. osiilo		
	serge	Carcina	left break
9. Industry or business in which work was dona, as SILK MILL,	Home		· us
this occupation (month and	11. Total tima (years) spent in this	* metales	lain
year)	occupation	Other Contributory Canses of importance:	
12. BIRTHPLACE (city or town) _ I redence	K Cop	-	
(State or country)	land		
13. NAME Lacac & Stu	tely		
14. BIRTHPLACE (city or town) Frederic	Al Co.	Name of operation	Date of
(State of country)	land	What test confirmed diagnosis?	Was thera an autopsy?
15. MAIDEN NAME Sorriet Be	Chron	23. If daath was due to external causes (VIOL	ENCE) fill in also the following:
15. MAIDEN NAME James Be 16. BIRTHPLACE (city or town) Faldency (State or county)	el Co.	Accident, suicide, or homicida?	
(State or country) Maryl	ud	Whera did Injury occur?	
17. INFORMANT C. E. Gracinia (Address)	elle	(Specify Specify whether Injury occurred in INDUSTR	y city or town, county and State) Y, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	////00.	Manner of Injury	
7.	ang 30, 19.36	Manner of Injury	
19. UNDERTAKER D. D. Hearty	+ Sono	24. Was disease or injury in any way ralatad	
20. FILEO ary 2-9 , 1936 M. 2	Curfman Registrar.	(Signad) (Address)	N Ligg

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Example I	011	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
· Francisco de la constante de			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

ARGIN

S. No.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage SEP 5 1936	July5,1927	Peritonitis	3 days ago	
MUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

IAN

STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH should County Registration Dist. No. Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in W.S. if of foreign birth? PHYSICIANS statement If U. S. Veteran, (Usual place of abode) If nonresident give city or town and State Y. Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIYORCED (write the Mord) (Month) (Oav) (Year) classified. 5e. If merried, widowed, or divorced HUSBAND of I HEREBY CERTIFY, That I attended deceesed from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) properly It LESS than 7. AGE Months Devs to have occurred on the date stated above, at 1 day, \_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or ..... mln. Oate of onset 8. Trada, profession, or perticular OCCUPATION kind ot work dona, es SPINNER SAWYER, BOOKKEEPER, atc ... may back 9 Industry or business in which work wes done, as SILK MILL SAW MILL, BANK, atc ... 10. Date daceesed lest worked et 11. Total time (years) this occupation (month end spent in this that occupation ... 12. BIRTHPLACE (city or town) (Stete or country) FAT 14. BIRTHPLACE (city or town) \_\_ a ain (Stete or country) What test confirmed diegnosis?.. Wes thera an autopsy? d MOTHER 15. MAIDEN NAME important. 23. It daeth was due to external ceuses (VIOL ENCE) fill in elso the following: in Accident, suicide, or homicide? DEATH 16. BIRTHPLACE (city or town) (State or country) pe (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, should OF 18. BURIAL, CREMATION, OR REMOVAL Menner of injury CAUSE mation Nature of injury\_. LION 24. Wes diseasa or injury in eny way releted to occupetion of deceased? 19. UNOERTAKER (Address) so, specity (Signed). (Address)

If more blanks are needed, address State-Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis Torrer VEDI	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage SEP 5 1936	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory eauses of importance:	60	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

## STATE OF MARYLAND-CERTIFICATE OF DEATH

C	3	d		
13	. 1	1	- 7	2
0	U	8	9.	7

1. PLACE O	4		[N:a)
County	Tree	Luck	Registration Dist. No. 177
Village or C			No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NA	0	1. 100 4.	1-
(a) Residen	1	Cycle of abode)	St. Ward.  If nonresident give city or town and State
PERSON	IAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Queg 5 1936
Sa. If merried, widow HUSBAND of (or) WIFE of	lacot and	Hanky	22. A HEREBY CERTIFY, That I attended deceased fro
. AGE Yea	(month, day, and year)  ors Months  ssion, or perticular	Deys   If LESS than   1 day,hrs.   ormin.	to have occurred on the date stated above, at
sind of war sawyer, 9. Industry or work war SAW MII 10. Date decees this occu year)	work done, as SPINNER, BOOKKEEPER, etc	11. Totel time (yeers) spant in this occupation	Other Contributory Causes of Importance:
(State or could be state or co	Ecorgo G	Graham Maryland	Neme of operation Dete of What test confirmed diegnosis? Detection Type Was there an autopsy?
(Steta or	ME Calhar (city or town) country)	James James	23. If deeth wes due to externel causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Color Date of Injury 1, 193.  Whare did Injury occur? (Specify city or town, county and State)
7. INFORMANT (Address) 8. BURIAL, CREMAT Place	-	Oato ally 8, 1936	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury whether injury with the second secon
19. UNDERTAKER(Address)	Willhed Ja	ma W: Jones	24. Wes disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Address)  M.  (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
	3 8			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STAT	FEMENTS BY PHYSICIA	N
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Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis SER 5 1936	1915	Attack of epilepsy	1 week ago	
Chronic interstitut nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

IARGIN RESERVED FOR BINDING

V. S. No. 1

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	STAT	TE O	F MAR	YLAND-	CERTIFICATE OF DEATH	8321
1. PLACE OF	DEATH		0	•	71-2	1001
County C	Fred	eno	lo		Registration Dist. N	10. 1.38
Village or Cit	y The	lew	- Man	het ma	No	St, Ward
Length of reside	ence in city or to	wn where d	eath occurred		ds. How long in U.S. if of foreign birth?y	
2. FULL NAM	AF 2	0	non	i	Hartman	
(a) Residence	1-2	. Ke	W 70 (Usual place	racket	St., Ward. not a re	les au
PERSONA	AL AND ST	ATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF	DEATH
male Male	4. COLOR OR I	RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	5-04 1, 193 6 (Year)
5a. If merried, widower HUSBAND of (or) WIFE of	d, or divorced		0		22. A HEREBY CERTIFY The	
		-			AKI 4, 1936, 19 Hu	g, 15, 19.36
6. DATE OF BIRTH (m			ov. 6	1909	I last saw h	, 19_36_; deeth is said
7. AGE Years		Months	Days 9	If LESS than 1 day,hrs.	to have occurred on the dete stated above, et. 7.30.1m  The PRINCIPAL CAUSE OF DEATH end related ceuses of im	
2		9		ormin.	were es follows: ,	Pate of onset
8. Trade, profess kind of wo	ork done, as SPII	NNER,		1	territions maemi	a fan
9. Industry or be	BDOKKEEPER, et usiness In which done, as SILK M ., BANK, etc	ILL,	none	-)		U1936
10. Date deceased this occupa year)	d last worked et ation (month and		spe	time (years) Int In this Upetion		
12. BIRTHPLACE (city		3ru	muin	4	Other Contributory Causes of importance:	
(State or count	try)	mar	y dans	2	Philipsey	26 gra
13. NAME	lacepo	h	, Na	runan		
13. NAME  14. BIRTHPLACE ( (State or c		n	dering	County	Name of operation	Was there an autopsy?
15. MAIDEN NAM	ME Mas	y x	Thave,	Ray	23. If death was due to external causes (VIOLENCE) fill In als	o the following:
15. MAIDEN NAM	(city or town)	Fre	Level	Bouts	Accident, suicide, or homicide? Dete of	injury, 19
∑ (State or	country)	m	ay la	nd/	Where did Injury occur? (Specify city or town,	county and State)
17. INFORMANT(Address)	Joseph	hew	Way	stwan	Specify whether injury occurred in INDUSTRY, In HOME, or	
18. BURIAL, CREMATI	ON, OR REMOVA	L	_	10. 01	Manner of Injury	
Place Ms.	· Carm	4	DateCess	9 18,1936	Nature of Injury	
19. UNDERTAKER _ /. (Address)	Harry	3	Gall	Cer	24. Was disease or Injury In any way related to occupation of	deceased? Va
20. FILE aug.	9 , 1936	Luci	an K. I	alconer	(Signed) arment T.	Soupud M. C
0				Registrar.	(Address)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I E   V E	7 11	Example II	BE 12
The principal cause of death and related causes of importance were as follows: SEP 4 1936	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis BIRFAU V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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-	Al	١,	7
-	_	1	į.

FOR BINDING

ARGIN RESERVED

V. S. No. 1

PHYSICIANS should state D. Every item of infor-Exact statement of OCCUPA. stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT properly classified. pe

TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may -WRITE PLAIN

1	. PLAC	E OF D	EATI	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		93-20	
		y Fre					Registration Dist. No. /3	0
	Village or City Point of Rocks						No. St., death occurred in a hospital or institution, give its NAME instead of street and nur	Ward
	Length	of residence	in city	or town where d	eath occurred	Oyrsmos	death occurred in a hospital or institution, give its NAME instead of street and nuds. How long in U.S. if of loreign birth?yrsmos.	mber)
2	. FULL	NAME	Ma	ry Eli:	zabeth I	lickman	If U. S. Veteran, specify WAR None	
	(a) Re	esidence: I	No	Point	of Rocks		St., Ward. Point of Rocks, N If nonresident give city or town and S	
	PER	SONAL	AND	STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	sex Femal		color Whi	or race te		RIED, WIDOWED, O (write the word)	21. DATE OF DEATH  August 6,  (Month) (Day)	1936 (Year)
5a.	HUSBAN	widowad, o D of E of Ge			. Hickma	an	22. Only 28 193/o, to Day 6	eceased from
	DATE OF B	IRTH (mont	h day s	and year) J	anuary 2	24. 1852	llast saw h er alive on Dest 5- 1936:	death is seid
-	AGE	Years 84	, 04,	Months 6	Days 12	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 5:15Am.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:	Dats of onest
LION	8. Trade, profession, or particular kind of work done, as SPINNER, Housewife SAWYER, BOOKKEEPER, etc.					Lfe	acule thyocarditis	7/27-3
JPA	9. Indust	9. Industry or business in which work was done, as SILK MILL, At Home SAW MILL, BANK, etc					0	
OCCUPATION	10. Date	daceesed la	st worka		11. Total ti	ma (yaars) it in this 51		
12.	BIRTHPLA	ACE (city or or country)					Other Contributory Causes of importance:	<b>†</b>
EN CH	I3. NAME	Geor	ge	M. Rit	chie			
FATHER	14. BIRTH	IPLACE (city	or town				Name of operation Date of What test confirmed diagnosis? Was there an aw	
IER	IS, MAID	EN NAME	Cat	herine	Heffne	er	23. If death was due to externel causes (VIOL ENCE) fill in also the following:	T PIE
MOTHER		IPLACE (city		1)			Accident, suicide, or homicide? Oate of injury	, 19
_	INFORMAN	T Mr	S	Va. George	Paxson Md.		Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLAC	
18.	BURIAL, C	REMATION,	OR REM	MOVAL St.	Pauls (	Cemetery 9, 19 36	Manner of Injury	,
	(Addra	ss) F'r	Rede	rick,	son & So Maryland	1	24. Wes disease or Injury in any wey related to occupation of deceased?  If so, specify	M. D.
20.	FILEO. GA	1	/, 19		,	ddress State Registrar.	(Address) JULI JULI 2411 N. Charles Street, Baltimore Recounting U. S. No. 1.	200

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	A	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis SEP 3 1936	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
			4

FOR BINDING

ARGIN RESERVED

1. PLACE OF DEATH

1. PLACE OF DEATH County Frede	en est		(159) Registration Dist, No.	41
Village or City Bree	MSWI	1	No. St.	Word
Length of residence in city or town whe	ere death occurred		death occurred in a horpital or iostitution, give its NAME iostead of street ards. How long In U.S. if of foreign birth?yrs	
*******************************			If U. S. Veteran, specify WAR	
(a) Residence: Np.	(Usual place of	of abode)	St., Ward.  If nonresident give city or town a	and State
PERSONAL AND STATIS	STICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	1
3. SEX 4. COLOR OR RACE	5. SINGLE, MARE OR DIVORCED	RIED, WIDOWED. (write the word)	21. DATE OF DEATH (Month) (Day)	1936
5a. If married, widowed, or divorced			(Worth) (Day)	(Year)
HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attend	ed deceased fro
	0 -		1950 10 000	192
6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months	Ung. 30,	1936	I last saw alive on	o; death is sai
7. AGE Yeers Months	Deys	If LESS than  1 dayhrs.	to have occurred on the date steted ebove. It	
9 Tando profession on martinutes		or 30min.	were as follows:	Date of once
8. Trede, profession, or perticuler kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	ful		(HY en alwest frieth	
9. Industry or business in which			0 0 0	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc			6 moo, laved 1/9th	
10. Date decessed last worked at this occupation (month and	11. Totel tip	me (yeers) t in this	01	
yeer)	occu	pation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)	Grunsu	rep	Other Contributory Causes of Importance;	
(State or country)	-1	md.		
13. NAME Terror	1 Km			
14. BIRTHPLACE (city or town)			Name of operation Date of	,
(State or country)	4	A	What test confirmed diegnosis? Wes there a	n autopsy?
15. MAIDEN NAME COLL OF THE STATE OF THE STA	WERLE .	ralley	23. If deeth wes due to externel causes (VIOL ENCE) fill in also the follow	
16. BIRTHPLACE (city or town)	.0		Accident, suicide, or homicide? Date of injury	
₹ (State or country)		Where did Injury occur?  (Specify city or town, county and Specify whether injury occurred in INDUSTRY in HOME or in PUBLIC		
17. INFORMANT (Address)	Jun 3	well	(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC	State) PLACE.
18. BURIAL, CREMATION OR REMOVAL	Date aey	131.136	Manner of Injury	
IN HARRIST C. H. Tax	to ADM		24. Wes disease or injury in any way related to occupation of deceased?	4
19. UNDERTAKER (Address)	swell	my	If so, specify	1/
Gu 6 3 h	122 N & /	V/-	(Signed)	Y > M
20. FILED ang 30, 19.34 h	1. J. M	Hegistrar.	(Address) Brus well	< m

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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- 10.—The month and year the deceased last worked at the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	1 1 2	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SEP 5	July 5,1927	Peritonitis	3 days ago
BUCEAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

allstones		May 1,1923	Gastroenteritis	1 year
	ADDITIONA	L SPACE FOR FURTH	ER STATEMENTS BY PHYSICIAN	

A. A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH
of infor- ild state CCUPA-	1. PLACE OF DEATH	are and a second
of infor	County Alderrak	Registration Dist. No.: / 3 0
item of should of OCC	Village or City Buckeystown	No
× 03	Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How fong in U.S. If of foreign birth?
Svery CIANS ement	2. FULL NAME telleam theder	er Hell
D. Brery rSICIANS	(a) Residence: No Duckeyslown?	Mard.
N 2.	(Usual place of abode)	If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
H	Male Wrule . OR DIVORCED (write the word)	1 ling, 1 to the 19/19/6,
NG VENT TLY fed.	5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
IDING MANEN ACTI assified.	(or) WIFE OF addee Mary Mathis (Hel	1 HEREBY CERTIFY, That Vallended deceased fr
G EXE	6. DATE OF BIRTH (month, day, and year) Sulley 21-1870	Vlast saw handlive on larg 10-1 1936 death is
R B B B B B B B B B B B B B B B B B B B	7. AGE Years Months Days If LESS than	to have occurred on the date stated above fet 7m.
FOR B. IS A PE stated E properly certificate	66 66 0 2/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
- 70	R. Trade, profession, or particular kind of work done, as SPINNER, gent BYORRLO	Reart allast
VE.	9. Andustry or business in which	1
SERV] NK—T should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc.	
of HM to	10. Date deceased last worked at this occupation (month and year)	
2 4 - 5	Budger lown MX	Other Contributory Causes of Importance:
ADIN d. A d. A s, so t	12. BIRTHPLACE (city or town)  (State or country)	
IARGIN UNFADI supplied. n terms, so	13. NAME Corraligue Tell	
U Sur	14. BIRTHPLACE (city or town) Germany	Name of operation Date of
生音音	(State of County)	What test confirmed diagnosis? Was there an au'opsy?
W W in in and	15. MAIDEN NAME alizabeth francis	23. If death was due to external causes (VIOLENCE) fill in also the following:
TH TH	16. BIRTHPLACE (city or town) Terminal (State or country)	Accident, suicide, or homicide?, 19  Where did Injury occur?
Id be can DEATH y import	17 INFORMANT Mrs. N. H. Hill.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
S-PEA Should OF D	(Address) Duesleyslown MX.	
E	18. BURIAL, CREMATION, OR REMOVAL  Place Colden Hell Date Cold 15 19 36	Manner of injury
WRITE mation sCAUSE	Marlingho De	Nature of injury
ma CA	19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
S. No.	20. FILED Cerry 1 7/ , 19 3 6 Jan 1 1 2 2 mg	(Signed) X. E. MEuskey M.
5 Z	au, ricco	mentace in latin me

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of dea of importance were as follows:	th and related causes ows: FCEIVE		of importance were as follows:	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	SEP 9 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	to tan't	July 5, 1927	Peritonitis	3 days ago
	RUREAU V.	5.		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
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Arteriosclerosis SFP 5 1930	1915	Attack of epilepsy	1 week ago
Chronic interstitial nophritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage   KUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	(44 (-115))	Other contributory causes of importance:	Renaut
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr. K Dine

Date of onset

Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE,

24. Was disease or injury in any way ralated to occupation of deceased?

(Specify city or town, county and State)

carefully in DEATH plnods OF

CAUSE mation

LION

16. BIRTHPLACE (city or town)\_ (State or country)

18. BURIAL, CREMATION, OR REMOVAL

19 UNOFRTAKER (Addrass)

(Addrass) n. manla

Registra If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Where did injury occur?\_\_

Menner of Injury

Natura of injury.

If so, specify

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example I		Example II		
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Chronic interstitial nephritis SLI	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUK				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



	of
(34)	item
	Every

BINDING

ARGIN RESERVED

should

S

CORD.

statement

PHYSICIAN CTL certificate. properly may that plain DEATH plnods OF

back important.

CAUSE

1. PLACE OF DEATH Frederick. County Registration Dist. No. 139 State Sanatorium, Md. No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred yrs mos. 7 ds. How long in U.S. if of foreign birth? yrs mos ds. Lula M. Ironside If U. S. Veteran, specify WAR\_\_\_\_\_ 2. FULL NAME Ardmore, P. Geo. Co. P. O. St., Landower Route #2 Maryland.

(Usual place of abode)

If nonresident give city of lown and State. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DtVORCED (write the word) 193 6 Female White Married (Day) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from John H. Ironside (or) WIFE of Aug. 17 19 36 to Aug. 24 19 36 I lest saw h.er alive on Aug. 24, 1936; death is seid May 4 1909 6. DATE OF BIRTH (month, day, and year) 7. AGE If LESS than to have occurred on the date stated above, at \_ 10 . Pm M . Months Days 1 day, ..... hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 20 or\_\_\_\_min. Data of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife OCCUPATION Pulmonary Tuberculosis 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.... 10. Date deceased lest worked at 11. Total time (years) this occupation (more and 1935 spent in this Yrs 12. BIRTHPLACE (city or town) Michigan (State or country) Tuberculous Laryngitis FATHER Frank Ed. Fleming 13. NAME Name of operation none pos Sputure of ... 14. BIRTHPLACE (city or town). (State or country) Michigan What test confirmed diegnosisthest - X-Ray - Was there an eutopsy? - no MOTHER Etta Fease 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: 16. BIRTHPLACE (city or town). (State or country) Michigan Where did injury occur?\_\_\_\_\_ (Specify city or town, county and State) John H. Ironside Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Landover, R42 18. BURIAL, CREMATION, OR REMOVAL Manner of injury .... Place Detroit, Mich. Date Unknown 19 24. Was disease or injury In any way related to occupation of deceased? 10 M.L.Creager 19. UNDERTAKER Thurmont. Md If so, specify Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1936	July 5,1927	Peritonitis .	3 days ago
ON THE PROPERTY V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

3. SEX

7. AGE

OCCUPATION

FATHER

MOTHER

fluale.

(or) WIFE of

12. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

(Addross)

19. UNDERTAKER

(State or country)

(State or country)

13. NAME

#### STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County She Doing Registration Dist. No. Daules Med. (If death occurred in a horpital or institution, give its NAME instead of street and number) How long In U.S. if of foreign birth? \_\_\_\_\_\_vrs.\_\_\_\_\_mos. Length of rasidence in city or town where death occurred 23 yrs mos. ds. arres If U. S. Veteran, specify WAR (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write tha word) Wedowed (Year) 5a. If marriad, widowed, or divorced 6. DATE OF BIRTH (month, day, and year) If LESS then Years Months Days to have occurred on the data stated above, at-I day .\_\_\_hrs The PRINCIPAL CAUSE OF DEATH and related causas of importance 9 93 or ... min. Date of onset 8. Trede, profession, or particular

kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Metall 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc.... 10. Dete deceased last worked et 11. Total time (years) this occupation (month and spant in this occupation ... Name of operation. 14. BIRTHPLACE (city or town) What tast confirmed diagnosis? 23. If deeth was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?\_\_\_\_\_ Date of injury\_\_\_\_\_ 16. BIRTHPLACE (city or town) Where did injury occur? .... (Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, 18. BURIAL, CREMATION, OR REMOVAL , Dete Clea 7 1936 Neture of injury 24. Was disaasa or injury in env wey related to occupation of deceased? If so, specify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
ALL V. S.	No.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	H. There		
	Terror altered		

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Red outer les

V. S. No. 1 N. B.—V

STATE OF MARYLAND—	CERTIFICATE OF DEATH 8329
1. PLACE OF DEATH	
County Justines	Registration Dist. No. 49
Village or City Varietonia	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of own where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME CMMC	Thuson
(a) Residence: No. Journal Manual Place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Vrice the word)	21. DATE OF DEATH LEGISLE 1936
5a. If married, widowed, or divorced	(Month) (Day) (Yaar)
HUSBAND of (or) WIFE of	22. JIHEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, end yaar)	I last saw h & alive on August 18 1936 death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 12 3 Pm.
60 17 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
SAWYER, BOOKKEPER, atc.	erefre Heavenha Date of onset
kind of work done, as SPINNER, Carnel SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date dacassed last worked at this occupation (month and this processing work) and the same of the same o	
SAW MILL, BANK, etc	
10. Date dacaased last worked at this occupation (month and year)  11. Total tima (years) 30 %	
12. BIRTHPLACE (city or town) A albumas had	Other Cautributory Causes of importance:
(State or country)	Flower Julevary Walling
II 13. NAME / S. Shuson	artere Holesteron
13. NAME  14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME HAVE CLEANY	23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME Mary Cleary 16. BIRTHPLACE (city or town) Adel in his	Accident, suicide, or homicide? Date of injury, 19
(State op country)	Where did injury occur?  (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL MA S.	Manner of Injury
Place Date Date	Nature of Injury
19. UNDERTAKER A CREATE ON	24. Wes disease or injury In any way related to occupation of veceasad? NO
(Address)	If so, specify
20. FILED	(Signed) M. D.
Registrar.	(Address) Audional In

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Example I		Example II	
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Chronic interstitial nephritis.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

back

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mation

S. No.

18. BURIAL, CREMATION, OR REMOVAL

state

	OF DEATH	process str	e <del>Germana lu</del> n	100	31
	Frederick city Frederic	ck		Registration Dist. No. / No. Frederick City Hospitakt, death occurred in a hospital or institution, give its NAME instead of street and n	Ward
			yrs. 1 mos.	death occurred in a hospital or institution, give its NAME instead of street and not a death of the long in U.S. if of foreign birth?	umber) sds.
	dence: No.	damatar	Jones In	If U. S. Veteran, specify WAR None St., ward. Adams town, Md.  If nonresident give city or town and states.	Siale
PERS	ONAL AND STATE	STICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
s. sex female	4. COLOR OR RACE		RRIED, WIDOWED,	21. DATE OF DEATH August 13th.,	193 6 (Year)
5a. If married, wi HUSBAND ( (or) WIFE o				22. I HEREBY CERTIFY, That I attended of July 9, 19 36, 10 August 13	deceased from
6. DATE OF BIR	TH (month, day, end year)	Jan. 19,	1867	i last saw h. er. elive on August 13, 19 36	; death is said
7. AGE	Years Months	Days 24	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 8.40P.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Data of corest
				Carcinoma Cervix	The Start Mines

OCCUPATION 9. Industry or business in which work was done, as SILK MILL, At SAW MILL, BANK, etc. 11. Total time (years) 55 10. Date deceased last worked at this occupation (month and 1 occupation ..... Other Contributory Causes of Importance: . General metastases 12. BIRTHPLACE (city or town) Maryland (State or country) William T. Jones FATHER 13. NAME 14. BIRTHPLACE (city or town) Montas Co. Md. (State or country) MOTHER 15. MAIOEN NAME Alethia Philips 23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_ Date of Injury\_\_\_\_\_ 16. BIRTHPLACE (city or town) Monto Co Md.

(State or country) (Specify city or town, county and State) Stanley J. Wood. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Adamstown. (Address)

Manner of injury ille Md. Date Aug. 16 19 36 Neture of Injury

Etchison & Son 24. Wes disease or injury in any way related to occupation of deceased?\_\_\_ 19. UNDERTAKER If so, specify (Signed)

Registrar.

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Chronic interstitial nephritis 55	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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FOR BINDING

ARGIN RESERVED

V. S. No. 1

2. FULL NAME (a) Residence: No. S.A.A.A. S.A. S.	STATE O	F MARYLAND-	CERTIFICATE OF DEATH	8331
Village or Gity  Length of residence in city or town where death occurred.  2. FULL NAME  (a) Residence: (NO)  PERSONAL AND STATISTICAL PARTICULARS  1. SEX  4. COLOR OR RACE.  5. DATE OF BIRTH (month, day, end year)  1. OBJ.  6. DATE OF BIRTH (month, day, end year)  7. AGE  Yeers  Months  1. Set, Times, profession, or particulars  8. Trace, profession, or particulars  8. Trace, profession, or particulars  1. Set, Months  1. Se	1. PLACE OF DEATH		48)	121
Ut death optimed in a hospital or institution, give in NAME, instead of greet and number)  5. How long in U. S. I of Institution in U. S. I of Institution, give in NAME instead of greet and number)  6. New York of the Contribution of the Contribu	/ County Freder	662	Registration Dist. No	121
2. FULL NAME  (a) Residence: No. American State Comments of the Contributory Causes of Info.  (b) Residence: No. American State Comments of the Contributory Causes of Importance:  (c) Residence: No. American State Comments of the Contributory Causes of Importance:  (d) Residence: No. American State Comments of the Contributory Causes of Importance:  (d) Residence: No. American State Comments of the Contributory Causes of Importance:  (d) Residence: No. American State Comments of the Contributory Causes of Importance:  (d) Residence: No. American State Comments of the Contributory Causes of Importance:  (d) Residence: No. American State Comments of Importance: No. Americ	Village or City Monles			
2. FULL NAME  (a) Residence: No. 2. A. Color OR RACE  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORCES (write the word)  5. SI I marriag, widowed, or divorced  (re) Wife of  5. J. I marriag, widowed, or divorced  (re) Wife of  5. J. I marriag, widowed, or divorced  (re) Wife of  5. J. I marriag, widowed, or divorced  (re) Wife of  7. AGE  8. Trade, profession, or paticular  8. STrade, solventicular  9. Solventicular  9. Solventicular  9. Solventicular  9. Solventicular  9. Solve	Length of residence in city or town whera d			
(a) Residence: No. 8. STATEMENT (Unadjace of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCD (wise the word)  5a. If married, widewed, or divorced (cro) wife of the word of the	2. FULL NAME TOO	Cara H. Lie	If U. S. Veteran, specify WAR None	
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORED wint the world  55. IN married, widowed, or divorced (Incott)  56. DATE OF DEATH  COLOR OR RACE OR DIVORED wint the world  56. DATE OF DEATH  COLOR OR RACE OR DIVORED wint the world  56. DATE OF DEATH  COLOR OR RACE OR DIVORED wint the world  56. DATE OF DEATH  COLOR OR RACE OR DIVORED wint the world  56. DATE OF DEATH  COLOR OR RACE OR DIVORED wint the world  56. DATE OF DEATH  COLOR OR DATE  COLOR OR RACE OR DIVORED Wint the world  56. DATE OF DEATH  COLOR OR DATE  COLOR OR RACE OR DATE OF DEATH  COLOR OR DATE  COLOR OR RACE OR DATE OF DEATH  COLOR OR DATE  COLOR OR DATE OR DATE  COLOR OR DATE OR DATE OF DEATH  COLOR OR DATE OR DATE OF DEATH OR DATE OR DATE OF DEATH OR DATE OF DEATH OR DATE OR DATE OF DEATH OR DATE OR DATE OF DEATH OR DATE O	(a) Residence: No. Bruns	with Md	, St. Soward Brussuill W	1 d_
3. SEX   4. COLOR OR RACE   S. SINGLE, MARRIED, WIDOWED, OR DIVOKED Comine the world will shall be considered with shall				
### Accident of Divorced Companies the world of HUSBAND and Part of HUSBAND and HUSBAND AN				Н
BUSSAND of (or) WIFE of Convirte of Convir	Jemale - white	OR DIVORCED (write the word)	Una 19	, 193 (Yéer)
S. DATE OF BIRTH (month, dey, end year)  7. AGE  Yeers  Months  Déys  If LESS than 1 dey,	HUSBAND of	known.	1. 1/ 5/ 6.	ended deceased from
7. AGE Yeers Months Days If LESS than I day,	6. DATE OF BIRTH (month, dev. end year)	lucy 19 1867.	8 - 16	3 4; death Is said
8. Trade, profession, or particular Random as SPINNER, Acuse be defined to work done as SPINNER, and the second to work done as SPINNER, Acuse be defined to work done as SPINNER, Acuse be defined to work done as SPINNER, Acuse be defined to work done as SPINNER, and the second to work do			L 10 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
S. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPPER, etc.  10. Deta deceased last worked et this occupetion (month and yeer)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (Steta or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stata or country)  17. INFORMANT  (Address)  18. BURHAL CREMATION OR REMAYAL  Place Market  Deta Clarge 21, 132.6  Menner of Injury  Nature of Injury  New related to occupation of deceased?  24. Was disease or injury in eny wey related to occupation of deceased?  19. UNDERTAKER  (Address)  Carpan  Ca	69 1		The PRINCIPAL CAUSE OF DEATH and releted causes of importence were as follows:	
Other Contributory Causes of Importance:    Other Contributory Causes of Importance:	8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Hausekeeper	Carcinomia )	
Other Contributory Causes of Importance:    12. BIRTHPLACE (city or town)	9. Industry or business in which work was dona, as SILK MILL,	was Alame.	leters with	Zera 19:
Other Contributory Causes of importance:  Name of oparation.  Other Contributory Causes of importance:  Other Contributory Causes of importance:  Name of oparation.  Other Contributory Causes of importance:  Other Contributory Causes of importance:  Name of oparation.  Other Contributory Causes of importance:  Other Contri		f1. Total time (yaers) spent in this	monthis	
13. MAME   14. BIRTHPLACE (city or town)   15. MAIDEN NAME   16. BIRTHPLACE (city or town)   16. BIRTHPLACE (city or town)   16. BIRTHPLACE (city or town)   17. INFORMANT   18. BIRTHPLACE (city or town)   18. BIRTHPLACE (city or town)   19. Whera did Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.   19. BIRTHPLACE (city or town, county and State)   19. UNDERTAKER (Address)   19. UNDER	f2. BIRTHPLACE (city or town)	of back of	Other Contributory Causes of importanca:	
14. BIRTHPLACE (city or town) (Steta or country)  15. MAIDEN NAME (Stata or country)  16. BIRTHPLACE (city or town) (Stata or country)  17. INFORMANT (Address) (Address)  18. BURHAL CREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  20. FILED 19 Caug, 1936  Mass thore en autopsy?  Was thore en autopsy?  22. If death wes due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Dete of injury  Where did Injury occur?  (Specify city or town, country and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Menner of Injury  Nature of Injury  15. Was thore en autopsy?  Accident, suicide, or homicide?  Specify city or town, country and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Menner of Injury  Nature of Injury  Nature of Injury  (Signed)  M. D.		Tolathamas.	<u> </u>	
## The first of th	FA RIPTHPI ACE (city or fown)		Name of operation Date	e of
(Specify city or town, county and State)  F7. INFORMANT (Address)  F8. BURHAL CREMATION, OR REMOVAL V. Va. Place Northus bury - Dete Quy. 21, 192.6  Place Northus bury - Dete Quy. 21, 192.6  Where did Injury occur? (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Nature of Injury Nature of Inju	(Steta or country)			200
(Specify city or town, county and State)  77. INFORMANT (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Menner of Injury (Nature of Injury)  19. UNDERTAKER (Address)  Place British (Address)  Place British (Address)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Nature of Injury  19. UNDERTAKER (Address)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether injury occurred in INDUSTRY, in HOME, o	15. MAIDEN NAME	men Carper.	23. If death wes due to external causes (VIOLENCE) fill in also the fol	llowing:
fr. INFORMANT (Address)  fr. BURFAL CREMATION, OR REMOVAL Place Martine burge. Dete dug. 21, 193.6  Menner of Injury Nature of Injury  19. UNDERTAKER (Address)  Place Burger  Gradess  Gradess  Gradess  Menner of Injury  Nature of Injury  (Address)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Menner of Injury  Nature of Injury  (Signed)  Menner of Injury  (Signed)  Menner of Injury  Nature of Injury  (Signed)  M. D.	16. BIRTHPLACE (city or town)	1, ministra	Whera did Injury occur?	
Place Martins burg No. Dete Queg. 2/, 193.6  Nature of Injury  19. UNDERTAKER Page 9 Dailing 24. Was disease or injury in eny wey related to occupation of deceased? 252  24. Was disease or injury in eny wey related to occupation of deceased? 252  16 so, specify (Signed) (Signed) M. D.		Lice Hossital	Specify city or town, county at Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL	nd State) IC PLACE,
(Address) Brunginel Jud. If so, specify  20. FILED 19 Cang, 1936 JM Lenny (Signed)	m. 7 11 / 115	74. Que 2/, 136		
20. FILED 7 Comp., 1900 VA 1 COLUMN	1	Dailey m. O.		d? 242
	20. FILED 19 Lang, 1926	Meusly Registrar.	2 /	8,2nd M.D.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I			Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis		Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial ne		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	SEP 5 193t	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAL
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# STATE OF MARYLAND—CERTIFICATE OF DEATH

C	63	13	0
0	0	J	3

1. PLACE OF DEATH	
County frequent	Registration Dist. No. 134.
Village or City Langth of rasidenca In city or town where deeth occurred 4 yrs	(If death occurred in a hospital or institution, give its NAME instead of street and number)  mosds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Teresa Juc G	20 S. M. W. S. Tresperant Subobly WAR
(a) Residence: No.	St., Ward,
(Usual place of abode)	If nonresident give city or town and Stale
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced	
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decessed from 1986, to luga 6 , 1986
6. DATE OF BIRTH (month, day, end yaar) Oct. 18 - 1857	I last saw h last allve on 20, 1936; death is said
7. AGE Years Months Oeys If LESS that	
83 /0 8 ormin.	were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	Mornie Reflectio
kind of work done, as SPINNER, Justes of Charil	· · · · · · · · · · · · · · · · · · ·
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9:Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc.  10. Date deceasad last worked at d/(a/2) 11. Total lime (years) this prographing (month and	7
10. Date deceased last worked at \$ / 9/3 this occupation (month and \$ / 9/3 spent in this occupation	<i>f</i>
12. BIRTHPLACE (city or town) St. Louis	Other Contributory Campes of importence:
(Stata or country)	- A rebeduly
13. NAME Muchael Mc Guire	
13. NAME Wichsel W. Gure  14. BIRTHPLACE (city or town) Co. Grandler (Stata or country)	Name of operation Oate of Was there an eutopsy?
15. MAIOEN NAME Aug Bango	What test confirmed diagnosis W. Was there an eutopsy? Was the following:
15. MAIOEN NAME Cure Baye  16. BIRTHPLACE (city or town) Lo. Wexford	Accident, suicide, or homicide?
State or country)	Whare did injury occur?
17. INFORMANT S. Years Larelly (Address)	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Placa Cincilation Websta 8/28, 193	Natura of Injury
19. UNDERTAKER Was Shiff or (Addrass)	24. Was disaasa or injury In any way related to occupation of daceased?
20. FILE Per 27 , 19.36 Mik While	(Signed) Morris & Berely M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I			Example II		
The principal cause of death and related causes Date of onset of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	*000	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	SFP 3	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	V.	July 8,1927	Peritonitis	3 days ago	
i i	1500	- The same			
	and the same of th				
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STAT	TEMENTS BY	PHYSICIAN
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FOR BINDING

IARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 8334
1. PLACE OF DEATH	12
County Frederican City Haspala	Registration Dist. No.
Village or City Tudes 14	No. rederich Cathy Jacob, St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residanca in city or town where death occurredyrsmos	
2. FULL NAME loose Mrs Mall	f U. Nettern, specify WAR NO
(a) Residence: No. Son Sur Hook	St., Ward. Sule
wooh Co. (Qualplace of abode) Md.	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
mule With mound	(MgAth) (Day) (Yaar)
5a. If married, widewed, or divorced HUSBAND of (or) WIFE of Colours 1. howard	22. JHEREBY CERTIFY That'l attended decassed from  1936 to Que 2 1936
6. DATE OF BIRTH (month, day, and year)	I last saw h A alive on Greg 2 , 19 3 / ; death is sald
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at
1 /2 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causas of importanca wera as follows:  Data of onset
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.	Inthuenna 10
9. Industry or business in which	J. Spanson J.
work was done, as SILK MILL, SAW MILL, BANK, etc.	days
10. Date dacaased last worked at this occupetion (month end days) 11. Total time (years) 100 spent in this occupation year)	
Ab- of Mage	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)  (State or country)	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	A said tuffer a
14. BIRTHPLACE (city or town) War Destroy	Neme of operation
(State or country)	What test confirmed diagnosis? Clan an Was there an autopsy? W
15. MAIDEN NAME Yorkestat. Marina	23. If death was due to externel causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME TO SENTE TO TOWN 10 STATE OF COUNTY	Accident, suicide, or homicide? Data of Injury19
State or country) Wohn to w. mv	Whare did injury occur?
17. INFORMANTULLEUT, LOCAL, MILLIAMON (Address)	(Specify city or town, county and State) Specify whethar injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18, BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place (nox villen & Date lug \$ 1036	Nature of injury
19. UNDERTAKER COS Society	24. Was disaase or injury in any way related to occupation of deceased?
(Address) Our ment mi	If so, spacify
20. FILED 3. aug, 136 Sill Cuesty Registrar.	(Signad) M. O. Mustin Vasry M. D.  (Address) Treduced M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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The principal cause of death and related causes dots of onset of importance were as follows:		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	e	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	1915 Attack of epilepsy 1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF	MARYLAND—CERTIFICATE	OF DEATH
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8335

1. PLA	CE OF DEA	TH			/22	
Coun	ty	Freder	rick,		Registration Dist. No. 139	9
			Sanator	rium, Md. (III  yrs. 1 mos		Ward
2. FUL	L NAME	Elsie 1	Mae Raw]			
					St., Ward. Maryland 6 If nonresident give city or town and	d State
	The state of the s		ICAL PART		MEDICAL CERTIFICATE OF DEATH	Diale
3. SEX				ED (write the word)	21. DATE OF DEATH  August  (Month)  (Day)	, 193 6 (Year)
5a. If married HUSBAI (or) WI			Rawls.		22. I HEREBY CERTIFY, That I attended June 6 1936 to Aug. 2	11-
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  18  6. 26  If LESS than 1 day,hrs. ormin.  8. Trade, profassion, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Date deceased last worked at this occupation (month ead year)  12. BIRTHPLACE (city or town)				If LESS than I day,hrs.		6; death is said
				time (years)	Pulmonery Tuberculosis Other Contributory Canses of importance:	Sept
1	or country)		Maryland			
当 13. NAM	E ŋ	Cemple I	Kenton			
L (	HPLACE (city or to State or country)	own)Ma	aryland:		Name of operation NONE POS Sputum Date of What tast confirmed diagnosis? X-Ray Was there an a	autopsyYes
15. MAIDEN NAME Alice Emory  16. BIRTHPLACE (city or town) (State or country)  Maryland					23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury Where did injury_occur?	g: , 19
17. INFORMANT Elsie Mae Rawls.  (Addrass) Trappe, Md  18. BURIAL, CREMATION, OR REMOVAFrederick, Co.					(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
Placa.	Montevu	e, Md.	Date_Aug	8.14.1936	Mannar of injury	
19. UNDERTA (Addr		L.Crea		Registrar.	24. Was disease or injury In any way related to occupation of daceased?  If so, spacify  (Signad) Sewart Shafe  (Addrass) Lake Sanatonia	no M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	ample I	= 1	Example II	
The principal cause of deat of importance were as follo	h and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	2 1029	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	SEP 7 1000	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU Y.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
			1	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH	36
1. PLACE OF DEATH	12	
County Fuclerick The Corporate	Registration Dist. No.	-
Village or City Frederick	No. tuellische City Markitat of municipal of street and number of the course of a hospital or institution, give its NAME instead of street and number of the course of the	Ward
Length of rasidence in city or town where death occurred 50_yrs,mos		er) ds.
2. FULL NAME Mis. annie Pleisle	Will, S. Veteran, specify WAR Mone	******
(a) Residence: No. 2 30 East 7 ifth Stife (Usualplace of abode)	St., . If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Willow	21. DATE OF DEATH (Month) (Day) , 193	6 (Year)
5a, If married, widowed, or divorced		3.77
HUSBAND OF Cor) WIFE OF Chomas Reisley	22. I HEREBY CERTIFY, That I attended decea	sed from
1.4 M 18/2	I last saw h Realive on Old 7 1936; dea	th is said
6. DATE OF BIRTH (month, day, and year) Sept. 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10 9m.	th 12 2410
7 6 1 to 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca	
2 Trade profession or partiaular	wera as follows:	e of onset
o kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cugua Sectous a	42.7
S. Trade, profession, or particularly and the second of th		1.
10. Data decaased last worked at this occupation (month and 1/36 spent in this occupation 50		
12. BIRTHPLACE (city or town)	Other Contributory Causes of importence:	
(State or country) Md.		
13. NAME Texton Radcless		
14. BIRTHPLACE (city or town)	Name of operation 2000 Date of	
(State or country)	What test confirmed diagnosis? Was there an autops	y? #0
15. MAIDEN NAME Cligabeth Sweather	23. If death was due to external causes (VIOLENCE) fill in elso the following:	
15. MAIDEN NAME Linabeth Sweather  16. BIRTHPLACE (city or town)  (State or country)	Where did injury occur?	19
17. INFORMANT Mis. Walter & Cuem (Address) Mit. Pleasant mel	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL CREMATION, OR REMOVAL . C.	Manner of Injury	
Place Mion Budgl Date Ming 7, , 1936	Nature of injury	-12
19. UNDERTAKER M. R. Clelison of Soul	24. Was diseasa or injury in any way related to occupation of deceased?	D
20. FILED QUE , 19 36 Die The Carolina.	(Signad) & Phoruso (Address) Iredenich u	M.D.
		-

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	Example I	- 1	Example II	
	of death and related causes is follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	En hat have I have	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Verebral hemorrhage		July 5, 1927	Peritonitis	3 days ago
1	BUREAU V. S.	3		
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
<del></del>				

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
	DE ALCE	T OYE	Y CALLTINIC	DIZILLIMALINI	171	T TIT I DICTION

A.	STATE OF MARYLAND—C	CERTIFICATE OF DEATH 8337
info stat UPA	1. PLACE OF DEATH	127
ould OCC	County Manuel	Registration Dist. No.
sho	Village or City And The City	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
at a	Length of residence in city or town where deeth occurred yrs	ds. How long In U.S. if of foreign birth?yrsmosds.
Every CIANS ement	2. FULL NAME & Jacken Ca	non Riffion.
D. E SIC state	(a) Residence: No. Offmill	IST G. Ward.
H/t	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
PH Exact	3. SEX 4. COLDRON FACE / 5. SINGLE MARRIED WIDOWED,	21. DATE OF DEATH
FI	male Hour OR ON ORCED Corne the word	(Month) (Qdy) (Year)
MANENT ACTL assified.	5a. If married, widowed, or divorced HUSBAND of	22. O I FREBY CERTIFY That I attended deceased from
MA A A	(or) WIFE of Warm / Wiftin	July 1936, to (My 4 , 1936
EXE.	6. DATE OF BIRTH (month, dey, and search / 20, 1851	Mast saw both plive on AM f. 199 (a death is seid
IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than 1 day,hrs.	to heve occurred on the date steted above, at
IS A P stated properl	Trade post view a	were at follows:
HIS be be of o	8. Trade, profession, or perticuler kind of work done, es SPINNER. SAWYER, BOOKKEPER, etc.	X FINITOMY // FYLMY / MV
ould may back	9. Industry or business In which work wes done, as SNLK MILL.	
sho it n n b	SAW MILL, BANK, do 10. Dato deceased last worked et 11. Total time (years)	
AGE LAGE that	10. Date deceased last worked et this occupation (month and year) 11. Total time (years) spant in this occupation	Othar Combining Causes of Importance
A A So t	12. BIRTHPLACE (city or town)	myral likely
NFADING plied. AGI erms, so tha instructions	(State or country)	
	II 13. NAME / Com / 30/100	
y sullain t	14. BIRTHPLACE (city or town) 11. (State or coupley)	Name of operation
	15. MAIDEN NAME & Koncoll Hove	23. If death was due to external causes (VIOLENCE) fill in also tha following:
	15. MAIDEN NAME CONTROL TO CONTROL OF THE PROPERTY OF THE PROP	Accident, suicide, or homicide? Date of Injury, 19
Id be car DEATH y import	S (State or country)	Where did Injury occur? (Specify city or town, county and State)
	17. INFORMANT Drug Gray	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
should OF D	(Address)  18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
20 _ 图 - 4	Place My Journ Dete Cul 6, 1936	Nature of injury
-WRITE mation s CAUSE TION is	19. UNDERTAKER Towall & albaufl	24. Was diseasa or injury in any way related to occupation of daceased?
B	(Address) Libertylow and	If so, specify
z G	20, FILED Oug 6, 1936 M. L. Curfman	(Signed) M. D
6	Registrar.	The state of the s

MARGIN RESERVED FOR BINDING

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Example I	i di	. Example II		
The principal cause of death and related causes of importance were as follows:  Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago 1 week ago	
Chronic interstitial nephritis,	1921	Run over by street car		
Cerebral hemorrhage SEP 2 1880	July 5 1927	Peritonitis	3 days ago	
BUREAU Y.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
δ				

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH 8338

(95-12)
Registration Dist. No. 134
red in a hospital or institution, give its NAME instead of street and number)
How long In U.S. if of foreign birth?yrsmosds,
Lalf U.S. Veteran, specify WAR.
Ward.
If nonresident give city or town and State
MEDICAL CERTIFICATE OF DEATH
TE OF DEATH
(Month) (Oay) (Year)
I HEREBY SERTIFY That I attended deceased from
Tane, 1005, to May 16, 1956
histon alive on
ccurred on the date stated above, at
ICIPAL CAUSE OF DEATH and related causes of importance
Date of onset
partensine Cardio Vasadore
francisco de la
rebral Henvirhage -) May 1936
unras remornago-) May 1936
Jakes 1931
atributory Canses of importance:
,
***************************************
operation Date of
confirmed diagnosis? Lisa Cal Examp. Was there an autopsy? 40.
h was due to external causes (VIOLENCE) fill in also the following:
sulcide, or homicide?
(Specify city or town, county and State)
hether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
f injury

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ADDITIONAL S	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 08738
1. PLACE OF DEATH	8 12/
County Trederick With the Corpus	Registration Dist. No.
Village or City Trederick	death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred the a hospital of histothology give its 14/AIVIE, instead of street and number)  ds. How long in U. S. If of foreign birth?
2. FULL NAME Infant boy Sero	If U. S. Veleran, specify WAR Trank
(a) Residence: No. 222 Cheby a	6t., Corward. A
(Usual place of abode)	Alguet , If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowad, or divorced HUSBAND of	24 A IMEREBY/CERTIFY, Thet I ettended daceasad from
(or) WIFE of	O/Wherenho to 1 3, 19
6. DATE OF BIRTH (month, day, and year) dry 4/36	I last saw halive ondeath is said
7. AGE Years Months Days If LESS than	to hava occurred on the date stated above, at
0 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wera as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month end spent in this spent in this	Et hero lits
9. industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc.	
O 10. Date deceased last worked at this occupation (month end spent in this occupation cocupation	July - Form
20.1	Other Contributory Causes of importenca:
12. BIRTHPLACE (city or town) (State or country)	
1 8 4 . 0 00	
$\Xi$	Day of a said or
[State or country]	Nama of operetion Date of Was there an autopsy? (A.D.)
W 15. MAIDEN NAME LOCA LOSTOL	23. If death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME OCA SOUTH	Accident, suicide, or homicide?
State or country)	Where did injury occur?
17. INFORMANT on Policy (Address) Fushing med	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place New Markex ) Ud Date May 6, 19.3	Nature of injury
6.8.6lice + 4m	24. Was dicaase or injury In eny way related to occupation of daceasad?
19. UNDERTAKER (Addrass) Frederick red.	If so, spacify (Q)
20. FILED 6: Oug., 1936. Die to he Charles - Registrar.	(Signed) (Signed) (Address) Fredrick Fredrick
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Arteriosclerosis Chronic interstitial neathritis SEP 5 1936	1915	Attack of epilepsy	1 week ago
Chronic intersettine neppotes	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



Every item of internation should should state CAUSE OF DEATH I OCCUPATION is very Important

V. S. No. 1.

S.

1 PLACE OF DEATH	STATE OF MARYLAND
In a ila	CERTIFICATE OF DEATH
County Please CV2	& CERTIFICATE OF DEATH
0 +	Registration Dist. No.
Village or City Jacoby (No. ,	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE   5 SINGLE, MARRIED, WIOOWED OR DIVORCED OR DIVORCED	16 OATE OF OEATH Gard 19, 1986 (Month) (Day) (Year)
(Write the word)	: 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	, 191 , to
(Yoar) (Day) (Yoar)	that I last saw h alive on
7 AGE If LESS than	and that death occurred on the date stated above, at n
1 day,hrs.	The CAUSE OF DEATH * was as follows:
yrs, mos. ds. OR min.?	Of O D
8 OCCUPATION (a) Trade, profession, or	Bleet wom
particular kind of work	
(b) General nature of industry business, or establishment in	(Duration) yrs. mos. ds
which employed (or employer)	
State or country faculty and R/	Contributory Secondary  (Buratlon) yrs mos ds
10 NAME OF FATHER	(Signed) MD70fagee, M. O
0) 11 BIRTHPLACE	Carg 19, 1834 (Address) millioling 1
State or country) M 3con ma	*State the DISEASE CAUSING DEATH, or, in deaths from TOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, OUICIDAL OF HOMICIDAL
of MOTHER the tonest	OUICIDAL OF HOMICIDALA  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE	OR RECENT RESIDENTS)
(State or country) Society Deal	of death yrs. mss. ds. State,yrs. mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,  If not at placs of daeth ?
(Informant) Celbert Smulls	Former or usual rasidence
to to mid DI	19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL
(Address)	ma. B. H. 1 aug 19 21
18 Que la Charte Africa	20 UNDERTAKER ADDRESS
FHOURING 1938 MINO Millar	allow & Smuth South net
REGISTRAR	will few here

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



PO P

CENTRACE

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed employed, as At school or At home. Care should be taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Cool mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Doy loborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoengaged in domestic service for wages, as Servent, Cook, mobile factory. The material worked on may form part is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, Civil business or industry, and therefore an additional line especially in industrial employments, it is neecssary to engineer, Stationary fireman, etc. But in many eases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-For persons who have no occupation whatever,

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meningualified, is indefinite); Tuberculosis of lungs, meningualified,

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated Struck by roilway train-accident; Revolver wound of suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or misearriage as "Puenpenal septichaemia," suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably "PUERPERAL perilonitis," etc. State eause for which eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatie), "Atropby," "Collapse," "Coma," "Convulsions," "Debility" ("Connephrilis, etc. The contributory (secondary or intercur-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important cough; Chronic valendar heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping Never report mere "Exhaustion,"

If this certificate is looked over thoroughly and all questions abswered in detail, it will prevent further correspondence. All the data is exsential and must be obtained before the certificate is permanently filed.

1936

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

(Address)

Registrar.

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(Year)

That I attended deceased from

(Day)

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W MEAU V S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		Committee of the commit	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING	3WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANE	mation should be carefully supplied. AGE should be stated EXACT	CAUSE OF DEATH in plain terms, so that it may be properly classified
F(	S IS	e ste	e pr
*VED	-THI	uld be	ray be
SEE	INK	E sho	t it m
N RI	ING	AGI	so tha
IARGII	UNFAD	upplied.	terms, s
	, WITH	arefully s	I in plain
	LALLY	uld be ca	DEATH
No. 1	REED	tion sho	USE OF
No. 1	3W	mai	CA

STATE OF MARYLAND—	CERTIFICATE OF DEATH 8341
1. PLACE OF DEATH ,	
County Aredorick	Registration Dist. No. 138
Village or Cityle. Mourovia	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Perry Otis Smith.	Total long in 0.0.11 of loneign birth:yismosas.
(a) Residence: No.   New market	Em P W.
(Usual place of abode)	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Will Widowed	21. DATE OF DEATH Aug 17th, 1936 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of  Matilda Smith.	22. Z. HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Que 27- 1852.	last saw h. the Blive on Aug / 7 19.36 double read
6. DATE OF BIRTH (month, day, and yeer) Quy 27- 1752. 7. AGE Years Months Days If LESS than	to have occurred on the date stated above at 12 H m.
C 9 1 1 90 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or particular	were as follows:  Pate of onset
kind of work done, as SPINNER, Retired Farmer	71936
✓ S. Industry or business in which work was done, as SILK MILL,  A second of the	
SAW MILL, BANK, etc	
this occupation (month and spant in this occupation	
12 PIDTIDI ACE /situations)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Waryland	
13. NAME Perry 4. Smith.	
14. BIRTHPLACE (city or town) ]-	Name of operation Date of
(State or country) Waryland	What test confirmed diagnosis? Clinical Was there an eu opsy? Man
15. MAIDEN NAME Susanal Geasay	23. If death was due to externel ceuses (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
(State or country) Manyland:	Where did injury occur?
17. INFORMANT MAN Le Roy Reusburg glt. (Address) New Market Word	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Morrow Cluis Frederice 2 19 ,1936	Nature of Injury
19. UNDERTAKER W. E. Talevier (Address) rew mark of und.	24. Was disease or injury in any way related to occupation of deceased?
20. FILE Reg 19, 1936 Lucian K. Falconer Registrar.	(Signed) Cornect P. Rosaf M. D.  (Address) New Worksh M. D.
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Example I		Example II	
The principal cause of death and related cause of importance were as follows:  Arteriosclerosis RECEIVE	Ses Date of onset	The principal cause of death and related causes of importance were as follows:	
		Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage   SEP	July 5, 1927	Peritonitis ·	3 days ago
BUREAU V.	5. []		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
TYPLETTOTICE	DI ZICIA	V V V	T CLEATING	DITTELLIBRATION	20 2	T AL A DICITALIA

2

# STATE OF MARYLAND—CERTIFICATE OF DEATH

B.—WKILE FLAINLY, WITH UNFADING INN—1413 IS A FERMANDIAL ECOND. Every from of mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. TION is very important. See instructions on back of certificate.	JOIN	state	UPA		Date of the last
B.—WKILE FLAINLY, WITH UNFABING IND—11413 13 A FEMALIERAL ECOLD. EVEN INC. Mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS she CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of TION is very important. See instructions on back of certificate.	10 1	plno	OCC	/	The second second
B.—WKILE FLAINLY, WITH UNIVADING THE THIS IS A FERNANDIA ECOLO. BY THE MATION Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement TION is very important. See instructions on back of certificate.	ICCII	sh	Jo	/	
B.—WKILE FLAINLY, WITH UNFADING INN—I HIS IS A FERMANDIAL EDGE mation should be carefully supplied. AGE should be stated EXACTLY. PRICAUSE OF DEATH in plain terms, so that it may be properly classified. Exact TION is very important. See instructions on back of certificate.	IND. Every	FYSICIANS	statement		the second of the second of
B.—WKILE FLAINLY, WITH UNFADING INK.—I HIS IS A FERMANE mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.	T EECO	Y. PE	Exact		The second second
B.—WKILE FLAINLY, WITH UNFADING INK—I HIS IS A FE mation should be carefully supplied. AGE should be stated E CAUSE OF DEATH in plain terms, so that it may be properly TION is very important. See instructions on back of certificate	LIMANDIN	XACTL	classified.		The state of the s
B.—WKILE FLAINLY, WITH UNFADING INK—I FIX mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of	A PER	stated E	properly	certificate	The second lives and the second lives are
B.—WKILE FLAINLY, WITH UNFADING INN—I mation should be carefully supplied. AGE should CAUSE OF DEATH in plain terms, so that it may TION is very important. See instructions on back	2	pe	pe	Jo	-
B.—WKILE FLAINLY, WITH UNFADING In mation should be carefully supplied. AGE CAUSE OF DEATH in plain terms, so that TION is very important. See instructions	I-WI	should	it may	on back	
B.—WKILE FLAINLI, WITH UNFAI mation should be carefully supplied. CAUSE OF DEATH in plain terms, TION is very important. See instru	DNIC	AGE	so that	ctions	1000
B.—WRITE FLAINLY, WITH mation should be carefully su CAUSE OF DEATH in plain TION is very important. See	CNFAI	pplied.	terms,	instru	State of Sta
B.—WEILE FLAINLY, WE mation should be careful CAUSE OF DEATH in I	H	lly su	olain	Sec	The Person Name of Street, or other Person Name of Street, or
B.—WRITE FLAINLY mation should be ca CAUSE OF DEATH TION is very impor	, W	refu	I in I	tant.	and the second named in
B.—WKILE FLAN mation should CAUSE OF DE TION is very i	NIL	be ca	SATE	mpor	-
B.—WKITE mation sh CAUSE O TION is v	4	plno	F DE	ery i	
B.—wki matio CAUS TION		n sh	SE 0	IS V	
	B.—WKI	matio	CAUS	TION	

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLAC	CE OF DEA	TH C	IN INIMIN	ILAND	CERTIFICATE	OI DEATH	
Coun	tv	Frederi	ek.	an Bires	130	Registration Dist. No.	139
Villag	ge or City	~	anatori	um, Md (li	No.  death occurred in a hospital or institu  16 ds. How long In U.S. if o	ation, give its NAME instead of stre	St., Ware
2. FULI	NAME	Sol Sn	vder		If U. S. Veteran,		
			-		St., Ward. Bal		
		ND STATIST				ERTIFICATE OF DEA	
3. SEX Male		or or race		RIED, WIDOWED, D (write tha word)	21. DATE OF DEATH	lugust 29 (Month) (Day)	, 193 <u>6</u> (Year)
HUSBAI (or) WI	FE of	orced	nuary 8	1912	22. I HEREBY April 13	Y CERTIFY, Thet lat ,1936 to Aug. Aug. 28 ,1	29 , 19 36
7. AGE	Years	Months	Days	If LESS than	to have occurred on the dete state	THE RESERVE TO SHARE THE PARTY OF THE PARTY	
	24	7	21	1 day,hrs. ormin.	Tha PRINCIPAL CAUSE OF DEA' were as follows:	TH and related causes of Important	Cate of onse
IO. Data	e, profassion, or kind of work dona SAWYER, BOOKKE stry or business york was done, as SAW MILL, BANK, deceased last whis occupation (my year)	I, as SPINNER, EEPER, etc In which I SILK MILL, , etc orked at	11. Total (	ime (years) ntin this Mo	Pulmonary Tul	perculosis	April 1935
12. BIRTHPLACE (city or town) Baltimore, (State or country) Maryland					-		
当. NAM	E I	sadore S	nyder				
LL. (	HPLACE (city or (State or country)		atvia.		Name of operation	Pos Sputuli est X-Ray Was th	te ofere an autopsy? In C
15. MAIDEN NAME Mollie?  16. BIRTHPLACE (city or town) (Steta or country) Latvia  17. INFORMANT Sol Snyder				?	23. If deeth wes due to externel ce Accident, suicide, or homicide? Where did injury occur?	uses (VIOLENCE) fill in elso the f	ollowing:
(Address) Baltimore, Maryland •  18. BURIAL, CREMATION, OR REMOVAL					Manner of injury		******
Place Balto. Md. Date Unknown, 19							**************
19. UNDERTA	ress)	M.L.Crea Thurmont		Registrar.	24. Was disease or injury in any vill so, specify (Signed)	way related to occupation of decease  A Shaft  E Sanatoria	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	14-20-21	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
THANKSTER	DI ZI OLZ	TATE	T CHAILING	DIVITINITINI	77 1	THEOLOGAM

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BINDING

RESERVED

STATE OF MARYLAND-CERTIFICATE OF DEATH

None

(Day)

... 19.3 7 death is seid

Date of onset

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Cerebral hemorrhage RUPEAU V.S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH) / /	mad
County Hudeuck Within the Corp	Registration Dist. No. 2
Village or City Hudluck	No. 106 No. 17th St. Ward
Length of residence in city or town where death occurred 7 yrs	death occurred in a hospital or institution, give its NAME instead of street and number)  How long in U.S. if of foreign birth laut hand. Lune. ds.
2. FULL NAME John (VI) Wing	le an
(a) Residence: No. 106 West 4 Th	St., Ward (no nor velvous)  St., Ward (no nor velvous)  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVONGED (write the word) Wale	21. DATE OF DEATH and 24 1936
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	(Month) (Day) (Year)  22. A I HEREBY CERTIFY, That I attended deceased from
0 4	Aug 19 , 1936, 10 Aug 24 , 1936
6. DATE OF BIRTH (month, day, and year) Lec. 2021 86/	I last saw ham alive on any 24, 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1,000 m.
75 / 29 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER	Date of onset
kind of work done, as SPINNER, Harrier SAWYER, BOOKKEEPER, etc.	Hypostatic Mummia 4-du
9. Industry or business in which work was done, as SILK MILL, Returned	Bronehial preumonay is types
SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and 92)  11. Total time (years) spent in this occupation (month and 92)	duration: fire days . and to
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	tardiar failure
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy? Aug-
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury, 19
Country of the Man of the	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT JOHN W. 4 St. Fredhick.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of Injury
Piace Whana M.G. Date ang 26, 1936	Nature of Injury
19. UNDERTAKER Comad feyneal Home (Address) Freducts med.	24. Was disease or injury In any way related to occupation of deceased? NUS
20. FILED 26 - aug., 1936. Dra J. m. Christy	(Signed) William Sum M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 8345
1. PLACE OF DEATH	(a)
County I rederick	Registration Dist. No. 145
Village or City N. My essville	NoSt.,Ward
Length of residence in city or town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME James Kenns	waters
(a) Residence: No. My Claudiplace of abode)	Mard.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Cug 24, 193 G. (Year)
5a. If married, widowed, or divorced HUSBAND of	(1001)
(or) WIFE of James Jeallerman	22. I HEREBY CERTIFY That I attended deceased from 15 4, 19 36, to leave 244, 19 36
6. DATE OF BIRTH (month, day, and year) March 21, 1853	1 last saw bein alive on acces 2,31, 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, A
83 or fday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows
8. Trade, profession, or particular kind of work done, as SPINNER	allons Salsone Data of Onset
SAWYER, BOOKKEEPER, etc.	with general
9. Industry or business in which work was done, as SILK MILL, Salk Mill, Bank, etc.	Confecalions
10. Date deceased last worked at ff. Total time (years)	
this occupation (month and year) this occupation occupation of spant in this	
12. BIRTHPLACE (city or town) The Warmony	Other Contributory Causes of importance:
(State or country) Fred. Cos. mary and	
13. NAME Jamos maleral	
13. NAME amas maleral  14. BIRTHPLACE (city or town) & Lanks Rung	Name of operation
(Stella of country) many (as, many can	What test confirmed diagnosis? Was there an au'opsy? Was there and au'opsy?
15. MAIDEN NAME CANAL SCALE AND THE FOR BIRTHPLACE (city or town) 2002 - Constant of the Const	23. If death was due to external causes (VIOL ENCE) fill in also the following:
6. BIRTHPLACE (city or town) her: Harmony	Accident, suicide, or homicide? Date of injury, 19
(State or country) area. To. Mag.	Where did injury occur?  (Specify city or town, county and State)
(7. INFORMANT MM. Se Material (Address) myerovity ma	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL near Elleston, many	Manner of injury
Josephnek bromolog una usto 36	Nature of injury
19. UNDERTAKER Sitte Short	24. Was disease or injury in any way related to occupation of deceased?
(Address) myers of the	If so, specify
20. FILED Dug. 25, 1976 William & Wathtel	(Signed) M. D. (Address) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH  County Frederick	Registration Dist. No. 139
Village or City Near Foxville  Langth of residence in city or town where death occurred 20 yrs.	No. St., Ward  (Il death occurred in a hospital or institution, give its NAME instead of street and number)  mos. ds. How long In U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Lula Grave Weagley (a) Residence: No. Foxville	If U. S. Veteran, specify WAR NO
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4. Color or RACE 5. SINGLE, MARRIED, WIDOWEL OR DIVORCED Consider word	21. DATE OF DEATH August 25th 1936 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Omer Weagley	22. I HEREBY CERTIFY. That I attanded deceased from 1936, to and 25, 1936
6. DATE OF BIRTH (month, day, and year) Feb. 218t.1894 7. AGE Years Months Oays If LESS tha	
42 6 4 lday,ormin.	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc.  9. Industry or business in which work was done, as SILK MILL, OWN HOME  SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and and this profession).	Placente Praevia 8/25/36
year) Aug 36 occupation 2  12. BIRTHPLACE (city or town) Smithsburg (State or country)	Other Contributory Causes of importance:  Autoportune Cost fortune \$2.5 fr.
13. NAME Walter Smith  14. BIRTHPLACE (city or town) Smithsburg (Stata or country)	Name of operation
15. MAIDEN NAME Alice Kum  16. BIRTHPLACE (city or town) Smithsburg (State or country) Md  17. INFORMANT Omer Weagley	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
(Address) Lantz P.O. MD  18. BURIAL, CREMATION, OR REMOVAL Pleasant Vabley Aug. 27th.  Placa 19. Date 19. Date 19. Aug. 27th.	Manner of injury  Nature of injury
19. UNDERTAKER M. I. Creager & Son.  (Address) Thurmont MD.  120. FUEFULLY 26 1936 Office Strices	24. Was disease or injury In any way related to occupation of dacaased? No  If so, specify  (Signed)  M. D.
Registra	r. (Address) Justiniant No.

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Example I	li li	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 8	34%
1. PLACE OF DEATH	(462)	
County reduced &	Registration Dist. No. 141	
Village or City Deemseles	NoSt.,	Ward
Length of residence in city or town where deeth occurred	death occurred in a hospital or institution, give its NAME instead of street and nunds. How long in U.S. If of foreign birth?yrsmos	
2. FULL NAME Your Walla Duyeno	S. Veteran, specify WAR	
(a) Residence: No. L. Manual (Usual place of abode)	St., Ward.  If nonresident give city or town and St.	ate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  5e. If merried widowed, or divorced HUSDAND of	21. DATE OF DEATH CHOOKING TO (Day)	193 () (Year)
(pr) WIFE of James a. Westall	1 HEREBY CERT FY, That Lattended dec	ceased from
6. DATE OF BIRTH (month, day, and year)	f last saw h. l. alive on all 30 0 1936;	death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stated eleve, et 3.20 P.m.	
1866-70 6 22 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	Date of onset
8. Trede, profession, or perticular kind of work done, as SPINNER,		>440 01 011861
SAWYER, BOOKKEEPER, etc.	A	
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	Caranoma of Testum	41936
10. Date deceased last worked et this occupetion (month and year) spent in this occupation (cupation this occupation this occu	1	
year) Occupation	Other Coutributory Causes of importence:	
12. BIRTHPLACE (city or town) MONASSELLE (UT)	00	
(State or country)	Thous Kursy	181
13. NAME 12 LOSS H 6088  14. BIRTHPLACE (city or town). State or country)	100.	
14. BIRTHPLACE (city or town)	Name of operation	
(Stete of Country)	What test confirmed diagnosis? Was there an auto	opsy?
15. MAIDEN NAME Hangealla Dedmue 16. BIRTHPLACE (city or town).	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homitide? Dete of injury	, 19
(State of country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT INDA DI COLLEGE	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
(Address) Sucrosuster mi		
Piece Marting 1 W Oate Deb . 3, 1931	Manner of Injury	
Constant of the Constant of th	Nature of injury	
19. UNOERTAKER (Address)	24. Wes disease or injury in any wey releted to occupation of deceased?	0
6 21 112112	if so, specify HAMAD SOME	14 5
20. FILED GLIG 81 , 19 8 6 Mars No. 1 Holas 6. Registrar.	(Signed) (S. Mariera (Address) Bay marities MA	M. D.
Z Kegistrar.	" (unnings)	4

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset	
Chronic interstitial nephritis SEP 5 1930	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
RIAT WV.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH	-CERTIFICATE OF DEATH 8348
County Fredericals	Decidential District 139
	Registration Dist. No.
7	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 2 9 yrsmo	s 1 9 ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Statter merhe	Tolp
(a) Residence: No. News Faf (Usual place of abode)	St., Ward. No War Octerace
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Time White Single	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended deceased Iron
8. DATE OF BIRTH (month, day, and year)	I last saw harmalive on here 19 - death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12.2 Lan.
29 5 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc. Oalmes	Dunshot wound aug 2
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and	through the head: 1931
SAW MILL, BANK, etc	0
this occupation (month and 1934 spant in this occupation	
2	Other Contributory Causes of importance;
(State or country)  Mary Land	None
13. NAME Elmer & Walt	
	None of the same o
(State or country)  (State or country)	Name of operation Date of
15. MAIDEN NAME Eliza A CTAFF	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME ELEZA OSTOPHENIES  16. BIRTHPLACE (city or town) Jynamy Comments  16. Directory of the comments of the comment	23. If death wes due to external causes (VIOL ENCE) fill in elso the following:  Accident, suicide, or homicide? Santa Date of jnjury Accident,
(State or country) Mary Louise	Where did injury occur? Mar totalle trade Co. Med.
17. INFORMANT Elman & Wall	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
	mi- Public road
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury Sela A. Wiched
Costestrul- Wether Date ling 28 , 1936	Nature of injury Sun Shot wound of head.
9. UNDERTAKER Millfride & Loregos	24. Was disease or injury in eny way related to occupation of deceased? 100
20. FILEGING 27, 1986 Chas & Shields Registrar.	(Signed) Manager Manager M. D.
	2411 N. Charles Street, Balimore, Requesting U. S. No. 1.

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Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago WIINGAIL V Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
THAMETICALITY	DI AUL	T. OTC	I CIVILITIE	STATISMENTS	10 1	THISTOTAM

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimary, Requesting W. S. No. 1.

(Address) ----

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ARGIN

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The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	3000	1915	Attack of cpilepsy	1 week ago	
Chronic interstitial nephr	itis SFP D	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago	
	A CONTRACTOR OF THE PROPERTY O				
Other contributory can	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	